

**South Carolina Medicaid EHR Incentive Program
2014 PY Stage 2 EP and EH SLR Changes-
MU Core & Menu Objectives & Measures**

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Overview Stage 2 2014

CMS added Stage 2 Meaningful Use (MU) requirements effective for 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 add the ability for EP/EH to attest for Stage 2 MU.

The 2014 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 changes that will affect Eligible Professionals (EPs), and the addition of Stage 2 for EPs and EHs.

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 updated EHR 2014 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, 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.
- The SLR will be updated to allow for navigation to Stage 2 attestation screens for EPs and EHs.
- The SLR will be updated to add Stage 2 attestation screens for providers in their 3rd year of Meaningful Use (where the provider has attested to AIU in the first year) or for providers in their 4th year of Meaningful Use (where the first year was 2011 and included an attestation for MU).
 - EPs must meet 17 core objectives, and 3 menu objectives that they select from a total list of 6, for a total of 20 objectives.
 - Eligible hospitals and CAHs must meet 16 core objectives, and 3 menu objectives that they select from a total list of 6, for a total of 19 objectives.
- Beginning in 2014, all EP regardless of their stage of meaningful use will report on CQMs in the same way, reporting on 9 of 64 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 has identified 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 EPs Effective April 2014

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 adding an attestation path for Stage 2 EP Meaningful Use. In an effort to keep the size of this document reasonable only the new screens for Stage 2 will be included.

Stage 2 EP pathways

- EP previously attested Year 1 - as AIU, Year 2 - MU Stage 1, and Year 3 - MU Stage 1, then Year 4 will be MU Stage 2
- EP attested Year 1 - as MU Stage 1, Year 2 – as MU Stage 1, Year 3 will be MU Stage 2 except in the scenario below:
 - EP previously attested to a 2011 program year for payment year 1 – as MU Stage 1; 2012 program year for payment year 2 – as MU Stage 1; 2013 program year for payment year 3 – as MU Stage 1; then payment year 4 will be MU Stage 2 since Stage 2 was not effective until 2014.
- EP is a transferred provider and the SCDHHS HIT staff analysis determines that the provider should be Stage 2 year 1 or Stage 2 year 2.

Stage 2 Core Meaningful Use Measures for EPs

EPs who have had at least 2 prior MU attestations (and in the case of a 2011 MU attestation, a potential 3rd prior year of a MU attestation) will begin their Stage 2 attestation in 2014. The screens below are the layouts for the 17 Core MU Measures that will require a response from EPs who are attesting to Stage 2 MU.

Stage 2 Core MU Measure 1 – CPOE



Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 1 of 17

(*) Red asterisk indicates a required field.

CPOE for Medication, Laboratory, and Radiology Orders

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

Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology 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 patients records maintained using certified EHR technology.

Exclusion 1: Any EP who writes fewer than 100 medication orders during the EHR reporting period. 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 writes fewer than 100 radiology orders during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Exclusion 3: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period. 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:

Measure 1: Medication

DENOMINATOR: Number of medication orders created by the EP during the EHR reporting period.
NUMERATOR: The number of orders in the denominator recorded using CPOE.

* Numerator: * Denominator:

Measure 2: Radiology

DENOMINATOR: Number of radiology orders created by the EP during the EHR reporting period.
NUMERATOR: The number of orders in the denominator recorded using CPOE.

* Numerator: * Denominator:

Measure 3: Laboratory

DENOMINATOR: Number of laboratory orders created by the EP during the EHR reporting period.
NUMERATOR: The number of orders in the denominator recorded using CPOE.

* Numerator: * Denominator:

The layout below shows the view of the panel with all Exclusions marked as 'yes' in order to display the additional questions that would be asked per exclusion.

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. If an exclusion is responded to as ‘yes’ then an additional question for the counts of medication, radiology, or laboratory orders will be displayed. Once all three exclusions are responded to, the panel will refresh and the appropriate measures will be visible for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If responses to the exclusions = Exclusion 1 – ‘Yes’, Exclusion 2 – ‘No’, Exclusion 3 – ‘No’, then only display Measures 2 and 3 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘Yes’, Exclusion 2 – ‘No’, Exclusion 3 – ‘Yes’, then only display Measure 2 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘Yes’, Exclusion 2 – ‘Yes’, Exclusion 3 – ‘No’, then only display Measures 3 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘Yes’, Exclusion 2 – ‘Yes’, Exclusion 3 – ‘Yes’, then the provider can move on to the next objective without being required to enter any additional measure information.

- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘No’, Exclusion 3 – ‘Yes’, then only display Measures 1 and 2 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘Yes’, Exclusion 3 – ‘No’, then only display Measures 1 and 3 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘Yes’, Exclusion 3 – ‘Yes’, then only display Measure 1 for entry by the provider.
- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘No’, Exclusion 3 – ‘No’, then display Measures 1, 2, and 3 for entry by the provider.

Field Editing

- Patient Records response is required.
- Exclusion 1 response is required.
- If Exclusion 1 response is ‘Yes’ then the exclusion question is required.
- Exclusion 2 response is required.
- If Exclusion 2 response is ‘Yes’ then the exclusion question is required.
- Exclusion 3 response is required.
- If Exclusion 3 response is ‘Yes’ then the exclusion question is required.
- Measure 1 Numerator and Denominator is required if Exclusion 1 is responded to as ‘No.’
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 2 Numerator and Denominator is required if Exclusion 2 is responded to as ‘No.’
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 3 Numerator and Denominator is required if Exclusion 3 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. One of the following scenarios must be met:
 - Measure 1 N/D > 60%, Measure 2 N/D > 30%, and Measure 3 N/D > 30%
 - Exclusion 1 is ‘Yes’, Exclusion 2 is ‘Yes’, and Exclusion 3 is ‘Yes’
 - Exclusion 1 is ‘Yes’, Measure 2 N/D > 30%, and Measure 3 N/D > 30%
 - Exclusion 1 is ‘Yes’, Exclusion 2 is ‘Yes’, and Measure 3 N/D > 30%
 - Exclusion 1 is ‘Yes’, Measure 2 N/D > 30%, and Exclusion 3 is ‘Yes’
 - Measure 1 N/D > 60%, Exclusion 2 is ‘Yes’, and Exclusion 3 is ‘Yes’
 - Measure 1 N/D > 60%, Measure 2 N/D > 30%, and Exclusion 3 is ‘Yes’
 - Measure 1 N/D > 60%, Exclusion 2 is ‘Yes’, and Measure 3 N/D > 30%

Stage 2 Core MU Measure 2 – e-Prescribing

 SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 2 of 17

(*) Red asterisk indicates a required field.

e-Prescribing

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

Measure: More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.

* **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 patients records maintained using certified EHR technology.

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period. 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 his/her EHR reporting period. 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 prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.

NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.

* Numerator : * Denominator :

* Which eRx service is used?

* Name a pharmacy that you transmit to.

The layout below displays Exclusion 1 as being responded to as 'Yes' to show the additional question for the exclusion that would require a response.

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. If Exclusion 1 is responded to as ‘yes’ then an additional question for the counts of permissible prescriptions will be displayed. Once all exclusions are responded to the panel will refresh and the appropriate measures will be visible for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If responses to the exclusions = Exclusion 1 – ‘Yes’, then the provider can move on to the next objective without being required to enter any additional measure information.
- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘Yes’, then the provider can move on to the next objective without being required to enter any additional measure information.
- If responses to the exclusions = Exclusion 1 – ‘No’, Exclusion 2 – ‘No’, then display the Measure and additional questions for entry by the provider.

Field Editing

- Patient Records response is required.
- Exclusion 1 response is required.
- If Exclusion 1 response is ‘Yes’ then the exclusion question is required.
- Exclusion 2 response is required.
- Numerator and Denominator is required if Exclusion 1 and 2 are responded to as ‘No.’
 - Numerator must be a whole number.
 - Denominator must be a whole number.

- Answer to additional measure questions are required if Exclusion 1 and 2 are responded to as 'No.'
- Threshold editing to determine if the EP is a meaningful user. One of the following scenarios must be met:
 - N/D > 50%
 - EP responded 'Yes' to Exclusion 1 or Exclusion 2.

Stage 2 Core MU Measure 3 – Record Demographics

Questionnaire 3 of 17

(*) Red asterisk indicates a required field.

Record Demographics

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

Measure: More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.

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 all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

* 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") :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Exclusion scenarios and corresponding panel reaction:

N/A

Field Editing

- Numerator and Denominator are required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Additional question response is required.
- Threshold editing to determine if the EP is a meaningful user. One of the following scenarios must be met:
 - N/D > 80%

Stage 2 Core MU Measure 4 – Record Vital Signs


Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CRIS 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
MU Specifications
View All Payment Years
Alternate Contact Info
Issues/Concerns
Document Upload
Additional Resources
SLR Provider Guides
Send E-mail to HT Division

Questionnaire 4 of 17

(*) Red asterisk indicates a required field.

Record Vital Signs

Objective: Record and chart changes in the following vital signs:
Height/length and weight (no age limit)
Blood pressure (ages 3 and over)
Calculate and display body mass index (BMI)
Plot and display growth charts for patients 0-20 years, including BML.

Measure: More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or 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 patients 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: An EP who believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them. 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/length and weight are relevant to their scope of practice, but blood pressure is not, 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 4: An EP who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight. 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: 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.

* Numerator: * Denominator:

Panel Functionality:

The initial screen will display up to the question for exclusion 1. Once all exclusions are 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 1 is answered 'Yes' or 'No' then display Exclusion 2.
- If Exclusion 2 is answered as 'Yes' and Exclusion 1 is 'Yes' or 'No' then the EP should be able to click 'Next' and go to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' and is Exclusion 1 is 'Yes' then do not display Exclusion 4 and display the measure for entry.
- If Exclusion 3 is 'Yes' and Exclusion 1 is 'No' then do not display Exclusion 4 and display the measure entry.
- If Exclusion 3 is answered as 'No' and Exclusion 1 is answered as 'No' then display Exclusion 4.

- If Exclusion 3 is answered as 'No' and Exclusion 1 is answered as 'Yes' then do not display Exclusion 4 and display the measure entry.
- If Exclusion 4 is answered as 'Yes' or 'No' then display the measure for entry.

Field Editing

- Patient Records response is required.
- Exclusion 1 response is required.
- Exclusion 2 response is required.
- Exclusion 3 response is required when appropriate (see above).
- Exclusion 4 response is required when appropriate (see above).
- Numerator and Denominator is required if Exclusion 2 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. One of the following scenarios must be met:
 - N/D > 80%
 - EP responded 'Yes' to Exclusion 2.

Stage 2 Core MU Measure 5 – Record Smoking Status

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CI/IS 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
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 17

(*) Red asterisk indicates a required field.

Record Smoking Status

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

Measure: More than 80 percent 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 patients records maintained using certified EHR technology.

Exclusion: Any EP that neither sees nor admits any patients 13 years old or older. 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 age 13 or older seen by the EP during the EHR reporting period.

NUMERATOR: The number of patients in the denominator with smoking status recorded as structured data.

* Numerator: * Denominator:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up to the question for exclusion 1. 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 the exclusion is answered as 'Yes' then the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Patient Records response is required.
- 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. One of the following scenarios must be met:
 - N/D > 80%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 6 – Clinical Decision Support

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 6 of 17

(*) Red asterisk indicates a required field.

Clinical Decision Support

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Answer the following:

Measure 1: Clinical Decision Support

* Have you implemented five clinical decision support interventions relating to four or more CQMs at a relevant point in patient care or relating to high-priority health conditions for the entire EHR reporting period?

Yes No

Measure 2: Drug-drug and drug-allergy interaction checks

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

Yes No

Previous Next Save Cancel

The layout below shows the screen if the exclusion has been responded to as 'Yes' to show the additional question for the exclusion.

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 6 of 17

(*) Red asterisk indicates a required field.

Clinical Decision Support

Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

* Please indicate, according to your records, how many medication orders were written during the EHR reporting period. (If none were written, please insert a value of "0".)

Answer the following:

Measure 1: Clinical Decision Support

* Have you implemented five clinical decision support interventions relating to four or more CQMs at a relevant point in patient care or relating to high-priority health conditions for the entire EHR reporting period?

Yes No

Previous Next Save Cancel

The screen layout below shows an example of the screen with Measure 1 selected as 'Yes.'

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
 Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 6 of 17

(*) Red asterisk indicates a required field.

Clinical Decision Support
 Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period may be excluded from measure 2. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Answer the following:

Measure 1: Clinical Decision Support

* Have you implemented five clinical decision support interventions relating to four or more CQMs at a relevant point in patient care or relating to high-priority health conditions for the entire EHR reporting period?
 Yes No

* Please list below the 5 clinical decision support interventions with the applicable clinical quality measure, where appropriate, that you implemented at a relevant point in patient care for the entire EHR reporting period:

| Clinical Decision Support Intervention Implemented | Relating Clinical Quality Measure |
|--|-----------------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Measure 2: Drug-drug and drug-allergy interaction checks

* Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
 Yes No

Buttons: Previous, Next, Save, Cancel

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. 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 the exclusion is answered as ‘Yes’ then the EP will only have to respond to Measure 1.

Field Editing

- Exclusion response is required.
- Measure 1 response is required.
- Measure 2 response is required if Exclusion is marked as ‘No.’
- 5 CDS interventions are required if response to measure 1 is ‘Yes.’
- Threshold editing to determine if the EP is a meaningful user. One of the following scenarios must be met:
 - Measure 1 and 2 have a ‘Yes’ response.
 - Measure 1 has a ‘Yes’ response and Exclusion has a ‘Yes’ response.

Stage 2 Core MU Measure 7 – Patient Electronic Access

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 17

(*) 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 1: 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.

Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

Exclusion 1: Any EP who neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name and office contact information," may exclude both measures. 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 that 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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the **second 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:

Measure 1:
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 :

Measure 2:
DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.
NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information.

* Numerator : * Denominator :

Panel Functionality:

The initial screen will display up to the question for exclusion 1. 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 1 is answered as 'Yes' then the screen will not display Exclusion 2 nor the measures and the EP should be able to click 'Next' and go to the next objective.
- If Exclusion 2 is answered as 'Yes' then the screen will not display or require a response to Measure 2. Measure 1 will still require a response.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required, if response to Exclusion 1 is 'No'.
- Measure 1 Numerator and Denominator is required if Exclusion 1 is responded to as 'No.'
 - Numerator must be a whole number.
 - Denominator must be a whole number.

- Measure 2 Numerator and Denominator is required if Exclusion 1 and Exclusion 2 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. One of the following scenarios must be met:
 - Measure 1 N/D > 50% and Measure 2 N/D > 5%
 - EP responded 'Yes' to Exclusion 1.
 - Measure 1 N/D > 50% and Exclusion 2 response is 'Yes.'

Stage 2 Core MU Measure 8 – Clinical Summaries

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 17

(*) Red asterisk indicates a required field.

Clinical Summaries

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

Measure: Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.

* **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 patients records maintained using certified EHR technology.

Exclusion: Any EP who has no office visits during the EHR reporting period. 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 office visits conducted by the EP during the EHR reporting period.
NUMERATOR: Number of office visits in the denominator where the patient or a patient-authorized representative is provided a clinical summary of their visit within one (1) business day.

* Numerator : * Denominator :

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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. One of the following scenarios must be met:
 - Measure N/D > 50%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 9 – Protect Electronic Health Info

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main header reads 'Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)'. A left-hand navigation menu lists various categories such as 'C/MIS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Meaningful Use Core Measures'. The main content area is titled 'Questionnaire 9 of 17' and contains the following text:

(*) Red asterisk indicates a required field.

Protect Electronic Health Info

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

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.

Answer the following:

- * Have you conducted or reviewed a security risk analysis and implemented security updates as needed per the requirements of this measure?
 Yes No

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure response is required.
- Threshold editing to determine if the EP is a meaningful user. The following scenario must be met:
 - EP responded 'Yes' to the Measure.

Stage 2 Core MU Measure 10 – Clinic Lab Test Results

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 10 of 17

(*) Red asterisk indicates a required field.

Clinic Lab Test Results

Objective: Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data

Measure: More than 55 percent of all clinical lab tests 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

* **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 patients records maintained using certified EHR technology.

Exclusion: Any EP who orders no lab tests where results are either in a positive/negative affirmation or numeric format during the EHR reporting period. 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 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: Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT as structured data.

* Numerator: * Denominator:

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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; one of the following scenarios must be met:
 - Measure N/D > 55%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 11 – Patient Lists

**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 17

(*) 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.

Answer the following:

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

Yes No

* Name at least one specific condition for which a listing of your patients was created:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure response is required.
- Response to additional question is required.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - EP responded 'Yes' to the Measure.

Stage 2 Core MU Measure 12 – Preventive Care

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 17

(*) Red asterisk indicates a required field.

Preventive Care

Objective: Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.

Measure: More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.

* **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 patients records maintained using certified EHR technology.

Exclusion: Any EP who has had no office visits in the 24 months before the EHR reporting period. 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 who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period.

NUMERATOR: Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period.

* Numerator : * Denominator :

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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; one of the following scenarios must be met:
 - Measure N/D > 10%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 13 – Patient-Specific Education Resources

Questionnaire 13 of 17

(*) Red asterisk indicates a required field.

Patient-Specific Education Resources

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.

Exclusion: Any EP who has no office visits during the EHR reporting period. Exclusions 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 with office visits seen by the EP during the EHR reporting period.

NUMERATOR: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.

* Numerator : * Denominator :

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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. One of the following scenarios must be met:
 - Measure N/D > 10%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 14 – Medication Reconciliation

The screenshot displays the 'Questionnaire 14 of 17' for 'Medication Reconciliation'. The header includes the South Carolina Medicaid State Level Repository logo and the text 'Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)'. A left-hand navigation menu lists various menu options. The main content area contains the following text:

(*) 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 who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.

Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period. 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 transitions of care during the EHR reporting period for which the EP was the receiving party of the transition.

NUMERATOR: The number of transitions of care in the denominator where medication reconciliation was performed.

* Numerator: * Denominator:

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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; one of the following scenarios must be met:
 - Measure N/D > 50%
 - EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 15 – Summary of Care



Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 15 of 17

(*) Red asterisk indicates a required field.

Summary of Care

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 care record for each transition of care or referral.

Measure: EPs must satisfy both of the following measures in order to meet the objective:

Measure 1: 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.

Measure 2: 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 10 percent of such transitions and referrals either

(a) electronically transmitted using CEHRT to a recipient or

(b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Measure 3: An EP must satisfy one of the following criteria:

(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at 495.6(j)(14)(i)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

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 is excluded from all three measures. 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:

Measure 1:
DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

* Numerator : * Denominator :

Measure 2:
DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider.

NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using CEHRT to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

* Numerator : * Denominator :

Measure 3: Answer the following in reference to Measure 2:

* Have you conducted one of more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at 495.6(j)(14)(i)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2)?

Yes No

* Have you conducted one or more successful tests with the CMS designated test EHR during the EHR reporting period?

Yes No

Below is the screen layout with the Exclusion responded to as 'Yes', to show the additional question.

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 15 of 17

(*) Red asterisk indicates a required field.

Summary of Care

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 care record for each transition of care or referral.

Measure: EPs must satisfy both of the following measures in order to meet the objective:

Measure 1: 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.

Measure 2: 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 10 percent of such transitions and referrals either

(a) electronically transmitted using CEHRT to a recipient or

(b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Measure 3: An EP must satisfy one of the following criteria:

(a) Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at 495.60(i)(4)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).

(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

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 is excluded from all three measures. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

Does this exclusion apply to you?

Yes No

Please indicate, according to your records, how many transfers or referrals to another provider occurred during the EHR reporting period. (If none, please insert a value of "0".)

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up to the question for exclusion. If the exclusion response is 'Yes' an additional question will be shown to ask for the count of transitions or referrals. 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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- If Exclusion response is 'Yes' then the response to the additional question for the exclusion is required.
- Measure 1 Numerator and Denominator is required if Exclusion is responded to as 'No'.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 2 Numerator and Denominator is required if Exclusion is responded to as 'No'.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 3 Responses are required.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:

- Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'Yes' and response 2 is 'No'
- Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'Yes' and response 2 is 'Yes'
- Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'No' and response 2 is 'Yes'
- EP responded 'Yes' to Exclusion.

Stage 2 Core MU Measure 16 – Immunization Registries Data

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

[CMS Registration / SC Medicaid](#)
[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](#)
[Document Upload](#)
[Additional Resources](#)
[SLR Provider Guides](#)
[Send E-mail to HIT Division](#)

Questionnaire 16 of 17

(*) Red asterisk indicates a required field.

Immunization Registries Data Submission

Objective: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.

Exclusion 1: Any EP that does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period. 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 operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for CEHRT at the start of their EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Exclusion 3: Any EP who operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Exclusion 4: Any EP who operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Answer the following

* Have you conducted successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period?

Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please list the name of the Public Health Agency or other body to whom the immunization data was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of immunization data:

Previous
Next
Save
Cancel

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display exclusion 2.
- If Exclusion 2 is answered as 'Yes' then neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display exclusion 3.
- If Exclusion 3 is answered as 'Yes' then neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display exclusion 4.
- If Exclusion 4 is answered as 'Yes' then neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure for entry.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure has a 'Yes' response.

Stage 2 Core MU Measure 17 – Secure Electronic Messaging

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 17 of 17

(*) Red asterisk indicates a required field.

Use Secure Electronic Messaging

Objective: Use secure electronic messaging to communicate with patients on relevant health information.

Measure: A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

Exclusion 1: Any EP who has no office visits during the EHR reporting period. 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 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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. 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 or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then neither the other exclusion nor measure will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display Exclusion 2.
- If Exclusion 2 is answered as 'Yes' then the measure will not display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display the measure.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Measure Numerator and Denominator are required if Exclusion 1 and 2 are 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; one of the following scenarios must be met:

- Exclusion 1 or 2 has a response of 'Yes'.
- Measure N/D >5%

EP Meaningful Use Stage 2 Menu Measures Selection Screen Layout and Requirements

For Stage 2 Meaningful Use, EPs, eligible hospitals, and CAHs will not be permitted to count an exclusion toward the minimum of 3 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.

Stage 2 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 three(3) meaningful use menu objectives for Stage 2 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 :
 Attest to THREE total menu measures for which they can meet the measure successfully OR
 Attest to ALL six (6) menu measures, counting exclusions.

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

1. If you are attesting to meet three (3) menu measures required without claiming an exclusion, you may select the three (3) total menu objectives to report from the list below.
2. If you cannot meet at least three (3) of the menu measures below without claiming an exclusion then you must select all the menu measures or click the 'Select All' link below and attest to meet either the measure or the exclusion of the measure for all six (6) menu measures listed below.

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

| Select | Objective | Measure |
|--------------------------|---|---|
| <input type="checkbox"/> | Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. |
| <input type="checkbox"/> | Record electronic notes in patient records. | Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content. |
| <input type="checkbox"/> | Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT. | More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT. |
| <input type="checkbox"/> | Record patient family health history as structured data. | More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives. |
| <input type="checkbox"/> | Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period. |
| <input type="checkbox"/> | Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice. | Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period. |

Previous Next Save Cancel

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Changes for 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 three (3) meaningful use menu objectives for Stage 2 and meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that for Stage 2 meaningful use, an EP would need to:

- Attest to THREE total menu measures for which they can meet the measure successfully, OR
- Attest to ALL six (6) menu measures, counting exclusions.

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

1. If you are attesting to meet three (3) menu measures required without claiming an exclusion, you may select the three (3) total menu objectives to report from the list below.
2. If you cannot meet at least three (3) of the menu measures below without claiming an exclusion then you must select all the menu measures (or click the 'Select All' link below) and attest to meet either the measure or the exclusion of the measure for all six (6) menu measures listed below."

Field Editing

- The provider must select at least 3 and up to 6 Menu Measures to report.
- If the provider did not select to report all 6 menu measures, the provider must respond to the Menu measures without claiming any exclusions for at least 3 Menu measures.
 - If the provider did not select to report all 6 menu measures and attempts to select an exclusion on a menu 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."**

Stage 2 Meaningful Use Menu Measure 1 Layout



Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 6

(*) Red asterisk indicates a required field.

Syndromic Surveillance Data Submission

Objective: Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.

Exclusion 1: Any EP who is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period. 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 operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 4: Any EP who operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Answer the following

* Have you conducted successful ongoing submissions of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period?
 Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please list the name of the Public Health Agency or other body to whom the syndromic surveillance data was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of syndromic surveillance data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display Exclusion 2.

- If Exclusion 2 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display Exclusion 4.
- If Exclusion 4 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure has a 'Yes' response.

Stage 2 Meaningful Use Menu Measure 2 Layout

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Field Editing

- Numerator and Denominator are required.
 - Numerator must be a whole number.

- Denominator must be a whole number.
- Threshold editing to determine if the EP is a meaningful user; the following scenario must be met:
 - $N/D > 30\%$

Stage 2 Meaningful Use Menu Measure 3 Layout

Questionnaire 3 of 6

(*) Red asterisk indicates a required field.

Imaging Results

Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.

Exclusion 1: Any EP who orders less than 100 tests whose result is an image during the EHR reporting period. 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 has no access to electronic imaging results at the start of the EHR reporting period. 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 tests whose result is one or more images ordered by the EP during the EHR reporting period.

NUMERATOR: The number of results in the denominator that are accessible through CEHRT.

* Numerator: * Denominator:

The layout below shows if Exclusion 1 is responded to as Yes to display the additional question for that exclusion.

Questionnaire 3 of 6

(*) Red asterisk indicates a required field.

Imaging Results

Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.

Exclusion 1: Any EP who orders less than 100 tests whose result is an image during the EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

* Please indicate, according to your records, how many tests whose result is an image during the EHR reporting period. (If no results are images, please insert a value of "0")

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. If Exclusion 1 response is 'Yes' an additional question will be shown to ask for the count of tests whose results were images. Once the

exclusion is responded to the panel will refresh and Exclusion 2 and/or measure, if appropriate, will be visible for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then the screen will display the additional question and will not display the measure and the EP should be able to click 'Next' and go to the next objective.
- If Exclusion 1 is answered as 'No' then the screen will display Exclusion 2.
- If Exclusion 2 is answered as 'Yes' then the screen will not display the measure and the EP should be able to click 'Next' and go to the next objective.
- If Exclusion 2 is answered as 'No' then the screen will display the measure for entry by the provider.

Field Editing

- Exclusion 1 response is required.
- If Exclusion 1 is 'Yes', then additional question for exclusion is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Measure Numerator and Denominator is required if Exclusion 1 and 2 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; one of the following scenarios must be met:
 - Measure N/D > 10%
 - EP responded 'Yes' to Exclusion 1 or Exclusion 2.

Stage 2 Meaningful Use Menu Measure 4 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CI/S 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
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 6

(*) Red asterisk indicates a required field.

Family Health History

Objective: Record patient family health history as structured data.

Measure: More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.

Exclusion: Any EP who has no office visits during the EHR reporting period. 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 with a structured data entry for one or more first-degree relatives.

* Numerator: * Denominator:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Exclusion scenarios and corresponding panel reaction:

- If the exclusion is answered as 'Yes' then the screen not display the measure and the EP should be able to click next and go to the next objective.
- If the exclusion is answered as 'No' then the screen will display the measure entry for the provider.

Field Editing

- Exclusion 1 response is required.
- Numerator and Denominator are required, if exclusion is 'No'.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - N/D > 20%
 - Exclusion response is 'Yes'.

Stage 2 Meaningful Use Menu Measure 5 Layout



**SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY**

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Q/IS 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
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 6

(*) Red asterisk indicates a required field.

Report Cancer Cases
Objective: Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.
Measure: Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.

Exclusion 1: Any EP does not diagnose or directly treat cancer. 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 operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Exclusion 3: Any EP who operates in a jurisdiction where no PHA provides information timely on capability to receive electronic cancer case information. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Exclusion 4: Any EP who operates in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period can enroll additional EPs. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Answer the following

* Have you conducted successful ongoing submissions of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period?
 Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please indicate the Public Health Agency or other body to whom cancer case information was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of cancer case data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display Exclusion 2.

- If Exclusion 2 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display Exclusion 4.
- If Exclusion 4 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure for entry by the provider.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EP is a meaningful user ; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure has a 'Yes' response.

Stage 2 Meaningful Use Menu Measure 6 Layout



Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

CHS 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
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 6 of 6

(*) Red asterisk indicates a required field.

Report Specific Cases

Objective: Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.

Exclusion 1: Any EP who does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction. 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 operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Exclusion 4: Any EP who operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period can enroll additional EPs. Exclusion from this requirement does not prevent an EP from achieving meaningful use.
* Does this exclusion apply to you?
 Yes No

Answer the following:

* Have you conducted successful ongoing submissions of specific case information from CEHRT to a specialized registry for the entire EHR reporting period?
 Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

- Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (3) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.
- Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.
- Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please list the name of the Public Health Agency or other body to whom the specific case information was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of specific case data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then the neither the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display Exclusion 2.

- If Exclusion 2 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display Exclusion 4.
- If Exclusion 4 is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure for entry by the provider.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 2 questions are required if the response to the measure is 'Yes'
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure has a 'Yes' response.

Stage 2 Core Meaningful Use Measures for EHs

EHs that have had at least 2 prior MU attestations (and in the case of a 2011 MU attestation a potential 3rd prior year of a MU attestation) will begin their Stage 2 attestation in the 2014 Participation Year. The screens below are the layouts for the 16 Core MU Measures that will require a response from EHs who are attesting to Stage 2 MU.

EH Stage 2 Core MU Measure 1 – CPOE

The screenshot displays the 'Questionnaire 1 of 16' for 'CPOE for Medication, Laboratory, and Radiology'. The page header includes the South Carolina Medicaid State Level Repository logo and the text 'Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CHS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'MU Specifications'. The main content area contains the following information:

- Objective:** Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.
- Measure:** More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) 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 patients records maintained using certified EHR technology.

Below this, the user is prompted to 'Complete the following information:' and provided with three measures:

- Measure 1: Medication**
 - DENOMINATOR:** Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
 - NUMERATOR:** The number of orders in the denominator recorded using CPOE.
 - Input fields: * Numerator: [] * Denominator: []
- Measure 2: Radiology**
 - DENOMINATOR:** Number of radiology orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
 - NUMERATOR:** The number of radiology orders in the denominator recorded using CPOE.
 - Input fields: * Numerator: [] * Denominator: []
- Measure 3: Laboratory**
 - DENOMINATOR:** Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
 - NUMERATOR:** The number of laboratory orders in the denominator recorded using CPOE.
 - Input fields: * Numerator: [] * Denominator: []

At the bottom of the form are buttons for 'Previous', 'Next', 'Save', and 'Cancel'.

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Field Editing

- Patient Records response is required.
- Measure 1 Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 2 Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 3 Numerator and Denominator is required.

- Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EP is a meaningful user; one of the following scenarios must be met:
 - Measure 1 N/D > 60%, Measure 2 N/D > 30%, and Measure 3 N/D > 30%

EH Stage 2 Core MU Measure 2 – Record Demographics

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 2 of 16

(*) Red asterisk indicates a required field.

Record Demographics

Objective: Record all of the following demographics:
preferred language
sex, race
ethnicity
date of birth
date and preliminary cause of death in the event of mortality in the eligible hospital or CAH

Measure: More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.

Complete the following information:

DENOMINATOR: Number of unique patients seen by the EP or admitted to an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

NUMERATOR: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.

* 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") :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Field Editing

- Numerator and Denominator are required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Additional question response is required.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - $N/D > 80\%$

EH Stage 2 Core MU Measure 3 – Record Vital Signs

South Carolina Medicaid
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 3 of 16

(*) Red asterisk indicates a required field.

Record Vital Signs

Objective: Record and chart changes in the following vital signs:
Height/length and weight (no age limit)
Blood pressure (ages 3 and over)
Calculate and display body mass index (BMI)
Plot and display growth charts for patients 0-20 years, including BML.

Measure: More than 80 percent 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 age 3 and over only) and/or height/length 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 patients records maintained using certified EHR technology.

Complete the following information:

DENOMINATOR: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

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.

* Numerator: * Denominator:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Field Editing

- Patient Records response is required.
- Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - $N/D > 80\%$

EH Stage 2 Core MU Measure 4 – Record Smoking Status

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY
Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 4 of 16

(*) Red asterisk indicates a required field.

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

Measure: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period 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 patients records maintained using certified EHR technology.

Exclusion: Any eligible hospital or CAH that neither sees nor admits any patients 13 years old or older. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Complete the following information:

DENOMINATOR: Number of unique patients age 13 or older seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

NUMERATOR: The number of patients in the denominator with smoking status recorded as structured data.

* Numerator: * Denominator:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. 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 the exclusion is answered as 'Yes' then the EH should be able to click 'Next' and go to the next objective.

Field Editing

- Patient Records response is required.
- 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 EH is a meaningful user; one of the following scenarios must be met:
 - N/D > 80%
 - Response of 'Yes' to Exclusion.

EH Stage 2 Core MU Measure 5 – Clinical Decision Support

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

[CIS 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](#)
[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 16

(*) Red asterisk indicates a required field.

Clinical Decision Support
 Objective: Use clinical decision support to improve performance on high-priority health conditions.

Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency.

Measure 2: The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.

Complete the following information:

Measure 1: Clinical Decision Support

- * Have you implemented five clinical decision support interventions relating to four or more CQMs at a relevant point in patient care or relating to high-priority health conditions for the entire EHR reporting period?
 Yes No
- * Please list below the 5 clinical decision support interventions with the applicable clinical quality measure, where appropriate, that you implemented at a relevant point in patient care for the entire EHR reporting period:

| Clinical Decision Support Intervention Implemented | Relating Clinical Quality Measure |
|--|-----------------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

Measure 2: Drug-drug and drug-allergy interaction checks

- * Have you enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?
 Yes No

Previous
Next
Save
Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

Field Editing

- Measure 1 response is required.
- Measure 2 response is required.
- 5 CDS interventions are required if response to Measure 1 is 'Yes.'
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Measure 1 and 2 have a 'Yes' response.

EH Stage 2 Core MU Measure 6 – Patient Electronic Access

Questionnaire 6 of 16

(*) Red asterisk indicates a required field.

Patient Electronic Access

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

Measure 1: 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.

Measure 2: More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.

Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded from the second measure. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Complete the following information:

Measure 1:
 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: The number of patients in the denominator whose information is available online within 36 hours of discharge.

* Numerator: * Denominator:

Measure 2:
 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: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the discharge information provided by the eligible hospital or CAH.

* Numerator: * Denominator:

Panel Functionality:

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

Exclusion scenarios and corresponding panel reaction:

- If the exclusion is answered as 'Yes' then the screen will not display or require a response to Measure 2. Measure 1 will still require a response.

Field Editing

- Exclusion response is required.
- Measure 1 Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 2 Numerator and Denominator is required if the Exclusion is responded to as 'No'.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Measure 1 N/D > 50% and Measure 2 N/D > 5%
 - Measure 1 N/D > 50% and Exclusion 2 response is 'Yes'

EH Stage 2 Core MU Measure 7 – Protect Electronic Health Info

South Carolina Medicaid
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / 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
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 7 of 16

(*) Red asterisk indicates a required field.

Protect Electronic Health Info

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

Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals.

Answer the following:

- Have you conducted or reviewed a security risk analysis and implemented security updates as needed per the requirements of this measure?

Yes No

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure response is required.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Response of 'Yes' to the Measure.

EH Stage 2 Core MU Measure 8 – Clinic Lab Test Results

Questionnaire 8 of 16

(*) Red asterisk indicates a required field.

Clinical Lab Test Results

Objective: Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data

Measure: More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology 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 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.

Complete the following information:

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: Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT as structured data.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Measure $N/D > 55\%$

EH Stage 2 Core MU Measure 9 – Patient Lists

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 9 of 16

(*) 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 eligible hospital or CAH with a specific condition.

Answer the following:

- * Have you generated at least one report listing of your patients with a specific condition?
 Yes No
- * Name at least one specific condition for which a listing of your patients was created:

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure response is required.
- Response to additional question is required.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Response of 'Yes' to the Measure.

EH Stage 2 Core MU Measure 10 – Patient-Specific Education Resources

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 10 of 16

(*) Red asterisk indicates a required field.

Patient-Specific Education Resources

Objective: Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.

Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.

Complete the following information:

DENOMINATOR: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

NUMERATOR: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Measure N/D > 10%

EH Stage 2 Core MU Measure 11 – Medication Reconciliation

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 11 of 16

(*) Red asterisk indicates a required field.

Medication Reconciliation

Objective: 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.

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Complete the following information:

DENOMINATOR: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.

NUMERATOR: The number of transitions of care in the denominator where medication reconciliation was performed.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Measure N/D > 50%

EH Stage 2 Core MU Measure 12 – Summary of Care

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 12 of 16

(*) Red asterisk indicates a required field.

Summary of Care

Objective: The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.

Measure 1: 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.

Measure 2: 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 10 percent of such transitions and referrals either

(a) electronically transmitted using CEHRT to a recipient or

(b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.

Measure 3: The eligible hospital or CAH must satisfy one of the two following criteria:

(a) Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at 495.60(11)(0)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or

(b) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.

Complete the following information:

Measure 1:

DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was provided.

* Numerator: * Denominator:

Measure 2:

DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was a) electronically transmitted using CEHRT to a recipient or b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. The organization can be a third-party or the sender's own organization.

* Numerator: * Denominator:

Measure 3: Answer the following in reference to Measure 2:

* Have you conducted one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at 495.60(11)(0)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2)?

Yes No

* Have you conducted one or more successful tests with the CMS designated test EHR during the EHR reporting period?

Yes No

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up as seen above since this measure does not allow for any exclusions.

Field Editing

- Measure 1 Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 2 Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Measure 3 Responses are required.
- Threshold editing to determine if the EH is a meaningful user. One of the following scenarios must be met:
 - Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'Yes' and response 2 is 'No'
 - Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'Yes' and response 2 is 'Yes'

- Measure 1 N/D > 50%, Measure 2 N/D > 10%, Measure 3 response 1 is 'No' and response 2 is 'Yes'

EH Stage 2 Core MU Measure 13 – Immunization Registries Data



Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 13 of 16

(*) Red asterisk indicates a required field.

Immunization Registries Data Submission

Objective: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.

Exclusion 1: The eligible hospital or CAH does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 2: The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 3: The eligible hospital or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 4: The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Complete the following information:

* Have you conducted successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period?
 Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f)(1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please list the name of the Public Health Agency or other body to whom the immunization data was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of immunization data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 1 is answered as 'No' then display Exclusion 2.

- If Exclusion 2 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3,
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display Exclusion 4.
- If Exclusion 4 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure for entry by the provider.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure has a 'Yes' response.

EH Stage 2 Core MU Measure 14 – Electronic Reportable Lab Results

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / 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](#)
[Alternate Clinical Quality Measures](#)
[Additional Clinical Quality Measures](#)
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Questionnaire 14 of 16

(*) Red asterisk indicates a required field.

Submission of Lab Results in

Objective: Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and accordance with applicable law and practice.

Measure: Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.

Exclusion 1: The eligible hospital or CAH Operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

***** Does this exclusion apply to you?
 Yes No

Exclusion 2: The eligible hospital or CAH operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

***** Does this exclusion apply to you?
 Yes No

Exclusion 3: The eligible hospital or CAH operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs. Exclusion from this requirement does not prevent an EH/CAH from achieving Meaningful Use.

***** Does this exclusion apply to you?
 Yes No

Complete the following information:

***** Have you conducted successful ongoing submission of electronic reportable laboratory results from CEHRT to a Public Health Agency for the entire EHR reporting period?
 Yes No

***** Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

***** Please list the name of the Public Health Agency or other body to whom the electronic lab results data was submitted:

***** Please give the date you registered with the PHA or other body to submit ongoing submissions of electronic lab results data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as ‘Yes’ then the other exclusions nor measures will display and the EH may click on ‘Next’ to move to the next objective.
- If Exclusion 1 is answered as ‘No’ then display Exclusion 2.
- If Exclusion 2 is answered as ‘Yes’ then the other exclusions nor measures will display and the EH may click on ‘Next’ to move to the next objective.

- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display the Measure.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Measure response is required, if Exclusion 1, 2, and 3 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, or 3 has a response of 'Yes'.
 - Measure 1 has a 'Yes' response.

EH Stage 2 Core MU Measure 15 – Syndromic Surveillance

SOUTH CAROLINA MEDICAID
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / 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](#)
[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 15 of 16

(*) Red asterisk indicates a required field.

Syndromic Surveillance Data Submission

Objective: Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.
Measure: Successful ongoing submission of electronic syndromic surveillance data from C&HK1 to a public health agency for the entire EHR reporting period.

Exclusion 1: The eligible hospital or CAH does not have an emergency or urgent care department. Exclusion from this requirement does not prevent the EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 2: The eligible hospital or CAH operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by Certified EHR Technology at the start of their EHR reporting period. Exclusion from this requirement does not prevent the EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 3: The eligible hospital or CAH operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data. Exclusion from this requirement does not prevent the EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Exclusion 4: The eligible hospital or CAH operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs. Exclusion from this requirement does not prevent the EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?
 Yes No

Complete the following information:

* Have you conducted successful ongoing submissions of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period?
 Yes No

* Using the options below, select the best criteria for how you met the measure of ongoing submission:

Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period using either the current standard at 45 CFR 170.314(f) (1) and (f)(2) or the standards included in the 2011 Edition EHR certification criteria adopted by ONC during the prior EHR reporting period when ongoing submission was achieved.

Registration with the PHA or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission.

Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation.

* Please list the name of the Public Health Agency or other body to whom the syndromic surveillance data was submitted:

* Please give the date you registered with the PHA or other body to submit ongoing submissions of syndromic surveillance data:

Panel Functionality:

The initial screen will display up to the question for Exclusion 1. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If Exclusion 1 is answered as ‘Yes’ then the other exclusions nor measures will display and the EH may click on ‘Next’ to move to the next objective.
- If Exclusion 1 is answered as ‘No’ then display Exclusion 2.

- If Exclusion 2 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 2 is answered as 'No' then display Exclusion 3.
- If Exclusion 3 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 3 is answered as 'No' then display Exclusion 4.
- If Exclusion 4 is answered as 'Yes' then the other exclusions nor measures will display and the EH may click on 'Next' to move to the next objective.
- If Exclusion 4 is answered as 'No' then display the measure.

Field Editing

- Exclusion 1 response is required.
- Exclusion 2 response is required if Exclusion 1 is 'No'.
- Exclusion 3 response is required if Exclusion 1 and 2 are 'No'.
- Exclusion 4 response is required if Exclusion 1, 2, and 3 are 'No'.
- Measure response is required, if Exclusion 1, 2, 3, and 4 are 'No'.
- Additional 3 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Exclusion 1, 2, 3 or 4 has a response of 'Yes'.
 - Measure 1 has a 'Yes' response.

EH Stage 2 Core MU Measure 16 – Electronic Medication Administration Records

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire 16 of 16

(*) Red asterisk indicates a required field.

Electronic Medication Administration Record

Objective: Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).

Measure: More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.

Exclusion: Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Complete the following information:

DENOMINATOR: Number of medication orders created by authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

NUMERATOR: The number of orders in the denominator for which all doses are tracked using eMAR.

* Numerator : * Denominator :

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 the exclusion is answered as 'Yes' then the screen will not display the measures and the EP should be able to click 'Next' and go to the next objective.

Field Editing

- Exclusion response is required.
- Measure 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; one of the following scenarios must be met:
 - Measure N/D > 10%
 - EP responded 'Yes' to Exclusion.

EH Meaningful Use Stage 2 Menu Measures Selection Screen Layout and Requirements

For Stage 2 Meaningful Use, EPs, eligible hospitals, and CAHs will not be permitted to count an exclusion toward the minimum of 3 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.

EH Stage 2 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 EH/CAHs to select and report on meaningful use menu objectives that are relevant to their 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.

EH/CAHs must report on a total of three (3) meaningful use menu objectives for Stage 2 and meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that for Stage 2 meaningful use, an EH/CAH would need to:
 Attest to THREE total menu measures for which they can meet the measure successfully OR
 Attest to ALL six (6) menu measures, counting exclusions.

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

- If you are attesting to meet three (3) menu measures required without claiming an exclusion, you may select the three (3) total menu objectives to report from the list below.
- If you cannot meet at least three (3) of the menu measures below without claiming an exclusion then you must select all the menu measures or click the 'Select All' link below and attest to meet either the measure or the exclusion of the measure for all six (6) menu measures listed below.

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

| Select | Objective | Measure |
|--------------------------|---|---|
| <input type="checkbox"/> | Record whether a patient 65 years old or older has an advanced directive. | More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data. |
| <input type="checkbox"/> | Record electronic notes in patient records. | Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content. |
| <input type="checkbox"/> | Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology. | More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology. |
| <input type="checkbox"/> | Record patient family health history as structured data. | More than 20 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives. |
| <input type="checkbox"/> | Generate and transmit permissible discharge prescriptions electronically (eRx). | More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queued for a drug formulary and transmitted electronically using certified EHR technology. |
| <input type="checkbox"/> | Provide structured electronic lab results to ambulatory providers. | Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received. Alternate Measure: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received. |

Previous Next Save Cancel

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Changes for 2014:

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

“CMS requires EH/CAHs to select and report on meaningful use menu objectives that are relevant to their 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.

EH/CAHs must report on a total of three (3) meaningful use menu objectives for Stage 2 and meeting the exclusion criteria will no longer count as reporting a meaningful use objective from the menu set. This means that for Stage 2 meaningful use, an EH/CAH would need to:

- Attest to THREE total menu measures for which they can meet the measure successfully, OR
- Attest to ALL six (6) menu measures, counting exclusions.

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

1. If you are attesting to meet three (3) menu measures required without claiming an exclusion, you may select the three (3) total menu objectives to report from the list below.
2. If you cannot meet at least three (3) of the menu measures below without claiming an exclusion they you must select all the menu measures or click the 'Select All' link below and attest to meet either the measure for all six (6) menu measures listed below.

Field Editing

- The provider must select at least 3 and up to 6 Menu Measures to report.
- If the provider did not select to report all 6 menu measures, the provider must respond to the Menu measures without claiming any exclusions for at least 3 Menu measures.
 - If the provider did not select to report all 6 menu measures and they attempt to select an exclusion on a menu 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.”**

EH Stage 2 Meaningful Use Menu Measure 1 Layout

The screenshot displays the 'South Carolina Medicaid State Level Repository' interface. The main content area is titled 'Questionnaire x of y' and contains the following information:

- (*) Red asterisk indicates a required field.**
- Advance Directive**
- Objective:** Record whether a patient 65 years old or older has an advance directive.
- Measure:** More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive 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 patients records maintained using certified EHR technology.
- Exclusion:** An eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.
 - * Does this exclusion apply to you?**
 - Yes
 - No
- Complete the following information:**
 - DENOMINATOR:** The number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.
 - NUMERATOR:** The number of patients in the denominator who have an indication of an advance directive status entered using structured data.
 - * Numerator:**
 - * Denominator:**

At the bottom of the form are four buttons: 'Previous', 'Next', 'Save', and 'Cancel'.

Panel Functionality:

The initial screen will display up to the question for the exclusion. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

The 'Questionnaire x of y' is defined as follows:

- X = The consecutive count of the menu measure being entered.
- Y = The total number of Menu Measures selected by the user.

Exclusion scenarios and corresponding panel reaction:

- If exclusion is answered as 'Yes' then the other exclusions nor measures will display and the EP may click on 'Next' to move to the next objective.

Field Editing

- Exclusion response is required.
- Measure response is required, if exclusion response is 'No'.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Exclusion has a response of 'Yes'.
 - Measure N/D >50%

EH Stage 2 Meaningful Use Menu Measure 2 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire x of y

(*) Red asterisk indicates a required field.

Electronic Notes

Objective: Record electronic notes in patient records.

Measure: Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.

Complete the following information:

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

NUMERATOR: The number of unique patients in the denominator who have at least one electronic progress note from an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) recorded as text searchable data.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

The 'Questionnaire x of y' is defined as follows:

- X = The consecutive count of the menu measure being entered.
- Y = The total number of Menu Measures selected by the user.

Field Editing

- Numerator and Denominator are required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EP is a meaningful user; the following scenario must be met:
 - $N/D > 30\%$

EH Stage 2 Meaningful Use Menu Measure 3 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire x of y

(*) Red asterisk indicates a required field.

Imaging Results

Objective: Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.

Measure: More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology .

Complete the following information:

DENOMINATOR: Number of tests whose result is one or more images ordered by an authorized provider on behalf of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period.

NUMERATOR: The number of results in the denominator that are accessible through Certified EHR Technology.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

The 'Questionnaire x of y' is defined as follows:

- X = The consecutive count of the menu measure being entered.
- Y = The total number of Menu Measures selected by the user.

Field Editing

- Measure Numerator and Denominator is required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - Measure N/D > 10%

EH Stage 2 Meaningful Use Menu Measure 4 Layout

South Carolina Medicaid
STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire x of y

(*) Red asterisk indicates a required field.

Family Health History
Objective: Record patient family health history as structured data.

Measure: More than 20 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.

Complete the following information:

DENOMINATOR: Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.

NUMERATOR: The number of patients in the denominator with a structured data entry for one or more first-degree relatives.

* Numerator : * Denominator :

Previous Next Save Cancel

Panel Functionality:

The initial screen will display as above since there are no exclusions for this measure.

The 'Questionnaire x of y' is defined as follows:

- X = The consecutive count of the menu measure being entered.
- Y = The total number of Menu Measures selected by the user.

Field Editing

- Numerator and Denominator are required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - $N/D > 20\%$

EH Stage 2 Meaningful Use Menu Measure 5 Layout

SOUTH CAROLINA MEDICAID STATE LEVEL REPOSITORY

Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)

Questionnaire x of y

(*) Red asterisk indicates a required field.

e-Prescribing

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

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and 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 patients records maintained using certified EHR technology.

Exclusion: The eligible hospital or CAH does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period. Exclusion from this requirement does not prevent an EH/CAH from achieving meaningful use.

* Does this exclusion apply to you?

Yes No

Complete the following information:

DENOMINATOR: Number of new, changed, or refill prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.

NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.

* Numerator: * Denominator:

* Which eRx service is used?

* Name a pharmacy that you transmit to.

Previous Next Save Cancel

Panel Functionality:

The initial screen will display up to the question for the exclusion. Once the exclusion is responded to the panel will refresh and the additional exclusions and /or measure will display as appropriate for completion by the provider.

Exclusion scenarios and corresponding panel reaction:

- If exclusion is answered as 'Yes' then the measure will not display and the EH may click on 'Next' to move to the next objective.

Field Editing

- Exclusion response is required.
- Numerator and Denominator are required, if Exclusion response is 'No'.
 - Numerator must be a whole number.
 - Denominator must be a whole number.
- Additional 2 questions are required if the response to the measure is 'Yes'.
- Threshold editing to determine if the EH is a meaningful user; one of the following scenarios must be met:
 - Exclusion has a response of 'Yes'.
 - N/D > 10%

EH Stage 2 Meaningful Use Menu Measure 6 Layout, Measure 1 selected

The screenshot shows the 'South Carolina Medicaid State Level Repository' interface. The header includes the logo and the text 'Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CHS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Meaningful Use Menu Options'. The main content area is titled 'Questionnaire x of y' and contains the following text:

(*) Red asterisk indicates a required field.
Lab Results to Ambulatory Providers
Objective: Provide structured electronic lab results to ambulatory providers.

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

- Measure 1: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
- Measure 2: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received.

Complete the following information:
DENOMINATOR: The number of electronic lab orders received.
NUMERATOR: The number of structured clinical lab results sent to the ordering provider.

* Numerator : [input field] * Denominator : [input field]

Buttons at the bottom: Previous, Next, Save, Cancel.

EH Stage 2 Meaningful Use Menu Measure 6 Layout, Measure 2 Selected

The screenshot shows the 'South Carolina Medicaid State Level Repository' interface. The header includes the logo and the text 'Stage 2 Core Meaningful Use Measures (Payment Year 3 / Program Year 2014)'. A left-hand navigation menu lists various options such as 'CHS Registration / SC Medicaid Data', 'Meaningful Use Questionnaire', and 'Meaningful Use Menu Options'. The main content area is titled 'Questionnaire x of y' and contains the following text:

(*) Red asterisk indicates a required field.
Lab Results to Ambulatory Providers
Objective: Provide structured electronic lab results to ambulatory providers.

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

- Measure 1: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.
- Measure 2: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received.

Complete the following information:
DENOMINATOR: The number of lab orders received.
NUMERATOR: The number of structured clinical lab results sent to the ordering provider.

* Numerator : [input field] * Denominator : [input field]

Buttons at the bottom: Previous, Next, Save, Cancel.

Panel Functionality:

The initial screen will display up to the measure selection. Once the measure to be reported is chosen the panel will refresh and the measure will display as appropriate for completion by the provider.

The 'Questionnaire x of y' is defined as follows:

- X = The consecutive count of the menu measure being entered.
- Y = The total number of Menu Measures selected by the user.

Field Editing

- Measure selection is required.
- Numerator and Denominator are required.
 - Numerator must be a whole number.
 - Denominator must be a whole number.

- Threshold editing to determine if the EH is a meaningful user; the following scenario must be met:
 - $N/D > 20\%$