

January 15, 2016

SOUTH
CAROLINA
DEPARTMENT
OF HEALTH &
HUMAN
SERVICES

STATE MEDICAID HIT PLAN (SMHP) ADDENDUM:

S.C. MEDICAID EHR INCENTIVE PROGRAM
MU MODIFICATIONS -
PROGRAM YEARS 2015 AND 2016

Table of Contents

Introduction	1
Business Requirements for EP Effective for Program Years 2015 and 2016	1
Attestation Tail Periods for 2015 PY	1
EP Program Year Editing Update – EHR Reporting Periods	1
Certified EHR Technology (CEHRT) Editing Update.....	2
EP Updated Navigational Flow.....	3
EP Updated Meaningful Use Questionnaire Screen	4
EP Updated Meaningful Use Menu Screen and Left Navigation Menu.....	8
EP Meaningful Use Objectives/Measures to be Reported for 2015 and 2016.....	9
Objective 1: Protect Electronic Health Information	10
<i>All EP 2015 PY and 2016 PY.....</i>	10
Objective 2: Clinical Decision Support	12
<i>Stage 2 EP in 2015 PY / All EP in 2016 PY.....</i>	12
<i>2015 PY Only – Stage 1 EP: Alternate Objective and Measure</i>	18
Objective 3 - CPOE	24
<i>Stage 2 EP in 2015 PY and 2016 PY.....</i>	24
<i>2015 PY Only – Stage 1 EP: 2 Measure Options, and Alternate Exclusions</i>	31
<i>2016 PY Only – Stage 1 EP: Alternate Exclusion Options</i>	48
Objective 4: Electronic Prescribing	56
<i>Stage 2 EP in 2015 PY/ All EP in 2016 PY</i>	56
<i>2015 PY Only – Stage 1 EP: Alternate Measure</i>	61
Objective 5: Health Information Exchange	66
<i>Stage 2 EP in 2015 PY / All EP in 2016 PY.....</i>	66
<i>2015 PY Only – Stage 1 EP: Alternate Exclusion Option.....</i>	71
Objective 6: Patient-Specific Education.....	76
<i>Stage 2 EP in 2015 PY / All EP in 2016 PY.....</i>	76
<i>2015 PY Only – Stage 1 EP: Alternate Exclusion Option.....</i>	78
Objective 7: Medication Reconciliation	81
<i>Stage 2 EP in 2015 PY/ All EP in 2016 PY</i>	81
<i>2015 PY Only – Stage 1 EP: Alternate Exclusion Option.....</i>	84
Objective 8: Patient Electronic Access (View, Download, Transmit).....	88

S.C. MU Modifications 2015PY/2016 PY

<i>Stage 2 EP in 2015 PY / All EP in 2016 PY</i>	88
<i>2015 PY Only – Stage 1 EP: Alternate Exclusion Option</i>	92
Objective 9: Secure Electronic Messaging	96
<i>All EP in 2016 PY</i>	96
<i>2015 PY Only – Stage 2 EP: Alternate Measure</i>	99
<i>2015 PY Only - Stage 1 EP: Alternate Exclusion Option</i>	101
Objective 10: Public Health Reporting.....	105
<i>Stage 2 EP in 2015 PY / and 2016 PY All EP: Measure Selection</i>	105
<i>2015 PY Only – Stage 1 EP: Measure Selection</i>	108
Objective 10: Meaningful Use Measure 10-1 Immunization Registry Reporting	110
<i>Stage 2 EP in 2015 PY/ All EP in 2016 PY</i>	110
<i>2015 PY Only – Stage 1 EP: Alternate Exclusion Option</i>	114
Objective 10: Meaningful Use Measure 10-2 Syndromic Surveillance Reporting.....	119
<i>All EP in 2016 PY</i>	119
<i>2015 PY Only - All EP: Alternate Exclusion Option</i>	123
Objective 10: Meaningful Use Measure 10-3 Specialized Registry Reporting.....	128
<i>All EP in 2016 PY</i>	128
<i>2015 PY Only - All EP: Alternate Exclusion Option</i>	133
Business Requirements for EH/CAH Effective for Program Years 2015 and 2016	139
EH / CAH Tail Period Update.....	139
<i>2015 PY</i>	139
<i>2016 PY</i>	140
Medicaid-Only EH / CAH Program Year Editing update.....	140
Dually Eligible EH / CAH Program Year Editing	140
EH & CAH Certified EHR Technology (CEHRT) Edit Update.....	140
Medicaid Only EH / CAH Updated Navigational Flow.....	141
Medicaid Only EH / CAH Updated Meaningful Use Questionnaire Screen	143
Medicaid-Only EH/CAH Updated Meaningful Use Menu Page	145
Medicaid-Only EH / CAH Meaningful Use Objectives/Measures to be Reported for 2015 PY and 2016 PY	146
Objective 1: Protect Patient Health Information.....	147
<i>2015 PY and 2016 PY - All EH</i>	147

S.C. MU Modifications 2015PY/2016 PY

Objective 2: Clinical Decision Support	149
<i>Stage 2 in 2015 PY/ 2016 PY All EH</i>	149
<i>2015 PY Only - Stage 1 EH: Alternate Objective and Measure</i>	152
Objective 3: CPOE	155
<i>Stage 2 EH in 2015 PY and 2016 PY</i>	155
<i>2015 PY Only – Stage 1 EH: Alternate Measure and Exclusions</i>	158
<i>2016 PY Only - Stage 1 EH: Alternate Exclusion Options</i>	168
Objective 4: Electronic Prescribing	172
<i>2015PY & 2016PY - All EH: Alternate Exclusion Option</i>	172
Objective 5: Health Information Exchange	176
<i>Stage 2 EH in 2015 / All EH in 2016</i>	176
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion Option</i>	179
Objective 6: Patient-Specific Education.....	182
<i>Stage 2 EH in 2015 / All EH in 2016</i>	182
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion Option</i>	184
Objective 7: Medication Reconciliation	186
<i>Stage 2 EH in 2015 / All EH in 2016</i>	186
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion Option</i>	189
Objective 8: Patient Electronic Access (View, Download, Transmit).....	192
<i>Stage 2 EH in 2015 and 2016 All EH</i>	192
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion Option</i>	195
Objective 9: Public Health Reporting	199
<i>Stage 2 EH in 2015 and 2016 All EH – Measure Selection</i>	199
<i>2015 PY Only - Stage 1 EH – Measure Selection</i>	202
Objective 9: Meaningful Use Measure 9-1 Immunization Registry Reporting	205
<i>Stage 2 EH in 2015 / All EH in 2016</i>	205
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion</i>	210
Objective 9: Meaningful Use Measure 9-2 Syndromic Surveillance Reporting	215
<i>Stage 2 EH in 2015 / All EH in 2016</i>	215
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion</i>	220
Objective 9: Meaningful Use Measure 9-3 Specialized Registry Reporting.....	225
<i>2016 PY All EH/CAH</i>	225

S.C. MU Modifications 2015PY/2016 PY

<i>2015 PY Only - All EH/CAH: Alternate Exclusion</i>	230
Objective 9: Meaningful Use Measure 9-4 Electronic Reportable Lab Results	236
<i>Stage 2 EH in 2015 / All EH in 2016</i>	236
<i>2015 PY Only - Stage 1 EH: Alternate Exclusion</i>	241
S.C. SLR Administrative Application - Transfer Queue.....	246
Medicaid MU Data Display for S.C. SLR Administrative Application.....	246

Introduction

The Centers for Medicare and Medicaid Services (CMS) published a final rule in October 2015, the Electronic Health Record Incentive Program – Stage 3 and Modifications to MU in 2015 through 2017, that addresses criteria for Stage 3 and Modifications to Meaningful Use (MU) in 2015-2017 for the Electronic Health Records (EHR) Incentive Programs. The South Carolina Department of Health and Human Services (SCDHHS) administers the S.C. Medicaid EHR Incentive Program and oversees the attestation/application tool and database (S.C. Medicaid State Level Repository, “S.C. SLR”), payments, and pre- and post-payment audits of attestations. The intent of this document, regarded as a State Medicaid HIT Plan (SMHP) Addendum, is to describe in response to this final rule S.C. Medicaid program changes and S.C. SLR attestation screen changes for Program Years (PY) 2015 and 2016; the changes required for Program Year 2017 for Modified Stage 2 and the optional Stage 3, as well as changes required for Stage 3 attestations in Program Year 2018, will be submitted for CMS approval in a later update. CMS must approve the changes for Program Years 2015 and 2016 prior to SCDHHS’ deployment of the 2015 PY and the 2016 PY modified meaningful use attestation screens.

Business Requirements for EP Effective for Program Years 2015 and 2016

The “MU Modifications” final rule specifies criteria that eligible professionals (EP) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in the 2015 PY through 2017 PY (Modified Stage 2) as well as Stage 3 in the 2018 PY and beyond. The information that follows summarizes what EP will need to know about meeting the S.C. Medicaid EHR Incentive Program requirements in the 2015 PY and the 2016 PY; information that summarizes the 2017 PY and future years will be published at a later date.

Attestation Tail Periods for 2015 PY

AIU: The S.C. SLR currently functions to accept 2015 PY attestations for Adopt, Implement, and Upgrade (AIU) without delay; thus, there is no need to extend the attestation tail period (deadline for attestation submission) beyond its usual two months beyond the end of the PY. The attestation tail period for EP 2015 PY AIU will end **February 29, 2016**.

MU: SCDHHS is unable to accept Eligible Professional (EP) 2015 PY MU attestations, or EP 2016 PY MU attestations, until CMS approves this SMHP Addendum and S.C. SLR changes are coded and deployed to production. The projected timeframe to have the changes in production is April/May 2016; SCDHHS, with CMS’ approval, is extending the EP 2015 PY MU attestation tail period to **June 30, 2016**.

EP Program Year Editing Update – EHR Reporting Periods

Program Year 2015 Only

- All EP (including transfers) will be required to report to a 90-day EHR reporting period within the PY despite their Stage or Year of MU reporting.

Program Year 2016 and Beyond

- Any EP who is not attesting to MU for the first time will have to attest with a full-year EHR reporting period.
 - For example:
 - If the EP has not in a previous payment year selected MU as the EHR status, the EP may report to a 90-day EHR reporting period.
 - If the EP has within a previous payment year selected MU as the EHR status, the EP will have to report a full-year EHR reporting period.

Transfers will navigate based on the selection made by SCDHHS staff in the S.C. SLR transfer screen.

Certified EHR Technology (CEHRT) Editing Update

In 2015, all providers are required to use technology certified to the 2014 Edition. In 2016 and 2017, providers can choose to use technology certified to the 2014 Edition or the 2015 Edition, or a combination of the two Editions, as long as the modules are calculating the MU measures according to the MU measure specification that is being attested. The S.C. SLR will continue, as it does presently, to collect the product name, version, and associated CHPL Product Number from the attesting provider 1) to detail the provider's CEHRT in place for the MU EHR reporting period, and 2) so that SCDHHS may verify the CMS EHR Certification ID associated with the attested technology has been reported correctly in the attestation.

An edit will be added on the S.C. SLR EHR Details screen that verifies that any EP (AIU or MU) has not entered an old CMS EHR Certification ID.

Criteria for the edit:

If the CMS EHR Certification ID entered on the EHR Details screen meets either condition below, display an error message:

- 2011 Edition CEHRT = characters in the 3-5 position of the 15-character ID display '000'
- Combination of 2011 Edition/2014 Edition CEHRT = characters in the 3-5 position of the 15-character ID display 'H13'

Proposed Error Message to display:

The CMS EHR Certification ID entered is associated with CEHRT that is no longer supported by the EHR Incentive Program. Please check your documentation or with your vendor and enter the corrected information.

EP Updated Navigational Flow

Beginning in PY 2015, all EP reporting MU will report to the same set of measures named by CMS “Modified Stage 2”.

All historical stages and attestations will need to remain intact with the same navigational flow, text, and measures as they were reported when the provider attested.

A new navigation path for MU measures for EP attesting to MU in Program Years 2015 and 2016 will display attestation information based on their scheduled Stage of MU.

- This will be for all EP who select 2015 or 2016 Program Year and select MU as their EHR Status.

Navigational flows by Inactive (View Only) and Active for EP for Program Years 2011 - 2016

Screen Navigation	Definition of Users	Inactive vs. Active
AIU	Potentially any EP user who is in their first payment year	Both
2012 Stage 1 MU	EP who attested to MU for the 2012 Program Year	Inactive
2013 Stage 1 MU	EP who attested to MU for the 2013 Program Year	Both (Active for re-opened providers)
	EP who attested to the 2014 Flex Rule and selected the option to attest to 2013 MU Objectives & Measures	
2014 Stage 1 MU	EP who attested to MU for the 2014 Program Year for Stage 1;	Both (Active for re-opened providers)
	EP who attested to the 2014 Flex Rule and selected the option to attest to 2014 Stage 1 MU Objectives & Measures	
2014 Stage 2 MU	EP who attested to MU for the 2014 Program Year for Stage 2;	Both (Active for re-opened providers)
	EP who attested to the 2014 Flex Rule and selected the option to	

Screen Navigation	Definition of Users	Inactive vs. Active
	attest to 2014 Stage 2 MU Objectives & Measures	
Modified Stage 2 (with 2015 options)	EP who attest to MU in Program Year 2015 and scheduled to attest to Stage 1 MU	Both
Modified Stage 2 (with 2016 options)	EP who attest to MU in Program year 2016 and scheduled to attest to Stage 1 MU	Both
Modified Stage 2	EP who attest to MU in Program Year 2015 or 2016 and scheduled to attest to Stage 2 MU.	Both

EP Updated Meaningful Use Questionnaire Screen

EP must report on CQMs selected by CMS using certified EHR technology in order to successfully participate in the Medicare and Medicaid EHR Incentive Programs. There are no changes to CQM selection or reporting schema from CQM requirements in Stage 2. Beginning with the 2015 PY, however, the S.C. SLR will collect attestation information regarding if the EP is reporting a different CQM reporting period than the EHR reporting period (applicable if the EP is reporting less than a full-year EHR reporting period). If the EP is reporting to a full-year EHR reporting period, the MU Questionnaire screen will not display the additional questions for entry.

The screen below is an example of an EP that practices at multiple locations and all locations are equipped with CEHRT:

The screenshot shows the 'Meaningful Use Questionnaire' for 'Year 4 Attestation / Program Year 2015'. The header includes the 'SOUTH CAROLINA Healthy Connections MEDICAID' logo. A sidebar on the left contains links such as 'CMS Registration / SC Medicaid Data', 'View All Payment Years', 'Alternate Contact Info', 'Issues/Concerns', 'Document Upload', 'Additional Resources', 'SLR Provider Guides', and 'Send E-mail to HIT Division'. The main content area contains the following text and form elements:

Meaningful Use Questionnaire

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: (mm/dd/yy)
- EHR Reporting Period End Date: (mm/dd/yy)

Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?

Yes No

Buttons for 'Previous' and 'Next' are located at the bottom of the form.

The question below needs to be added to the MU Questionnaire page:

Is the reporting period for your CQM submission the same period as your EHR Reporting Period listed above?

- The user will be required to select Yes or NO to move forward.
- If the user selects “Yes” they will be able to navigate to the Meaningful Use Menu screen.
- If the user selects ‘No’ then they will be given the option to enter their reporting period for their CQM submission as seen below:

The screenshot shows the 'Meaningful Use Questionnaire' page for Year 4 Attestation / Program Year 2015. The page title is 'Meaningful Use Questionnaire (Year 4 Attestation / Program Year 2015)'. The main content area contains the following text and form elements:

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: (mm/dd/yy)
- EHR Reporting Period End Date: (mm/dd/yy)

Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?

Yes No

Please enter the start and end date for your CQM submission:

- CQM Reporting Start Date: (mm/dd/yy)
- CQM Reporting End Date: (mm/dd/yy)

Navigation buttons:

Editing for the new date fields:

- CQM Reporting Start Date must be a valid date and date format.
- CQM Reporting Start Date must be at least 89 days before the current date.
- CQM Reporting Start Date must be a date within the program year selected for the attestation and at least 89 days before 12/31 of the program year.
- CQM Reporting End Date must be in the correct date format.
- CQM Reporting End Date must be at least CQM Reporting Start Date + 89 or greater.
- CQM Reporting End Date cannot be after 12/31 of the program year selected for attestation.
- CQM Reporting End Date cannot be greater than the current date.

Navigation Buttons:

- Previous – Takes the user to the previous page
- Next – Saves the data entered by the user and takes the user to the Meaningful Use Menu page

The screen example below shows the display for an EP that has multiple locations and the EP has indicated some of the locations do not have CEHRT:

Meaningful Use Questionnaire (Year 3 Attestation / Program Year 2014)

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: 2/7/2014 (mm/dd/yy)
- EHR Reporting Period End Date: 5/8/2014 (mm/dd/yy)
- Total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period: 2165
- Total number of out-patient encounters at all practice locations for the EHR reporting period: 2555

Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?

Yes No

Previous Next

The question below needs to be added to the Meaningful Use Questionnaire page:

Is the reporting period for your CQM submission the same period as your EHR reporting period listed above?

- The user will be required to select Yes or No to move forward.
- If the user selects "Yes" they will be able to navigate to the Meaningful Use Menu screen.
- If the user selects "No" then they will be given the option to enter their reporting period for their CQM submission as seen below:

Meaningful Use Questionnaire (Year 3 Attestation / Program Year 2014)

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: 2/7/2014 (mm/dd/yy)
- EHR Reporting Period End Date: 5/8/2014 (mm/dd/yy)
- Total number of out-patient encounters at practice locations equipped with CEHRT for the EHR reporting period: 2165
- Total number of out-patient encounters at all practice locations for the EHR reporting period: 2555

Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?

Yes No

Please enter the start and end date for your CQM submission:

- CQM Reporting Start Date: (mm/dd/yy)
- CQM Reporting End Date: (mm/dd/yy)

Previous Next

Editing for the new date fields:

S.C. MU Modifications 2015PY/2016 PY

- CQM Reporting Start Date must be a valid date and date format.
- CQM Reporting Start Date must be at least 89 days before the current date.
- CQM Reporting Start Date must be a date within the program year selected for the attestation and at least 89 days before 12/31 of the program year.
- CQM Reporting End Date must be in the correct date format.
- CQM Reporting End Date must be at least CQM Reporting Start Date + 89 or greater.
- CQM Reporting End Date cannot be after 12/31 of the program year selected for attestation.
- CQM Reporting End Date cannot be greater than the current date.

Navigation Buttons:

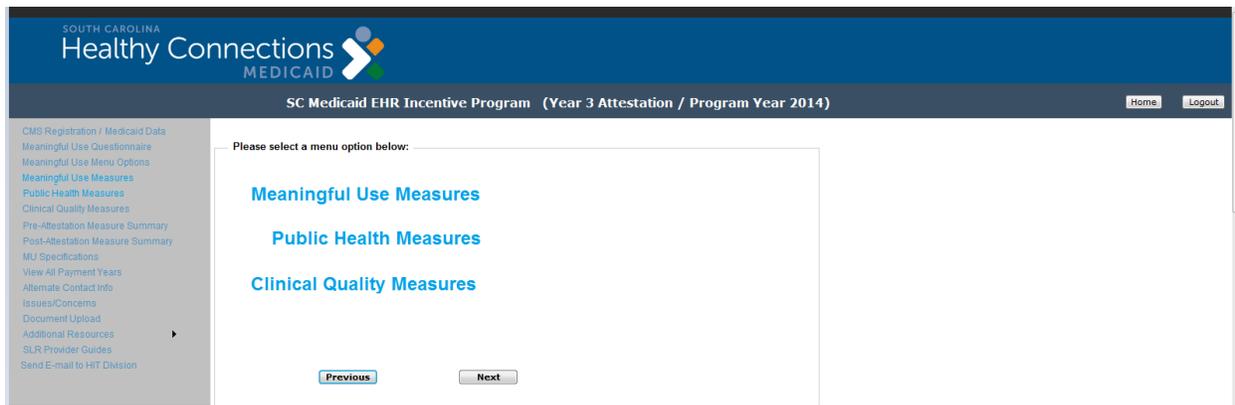
- Previous – Takes the user to the previous page
- Next – Saves the data entered by the user and takes the user to the Meaningful Use Menu page

EP Updated Meaningful Use Menu Screen and Left Navigation Menu

The links listed on the S.C. SLR Left Navigation Menu will be updated for the 2015 – 2017 Modified Stage 2 as described below:

- ‘Meaningful Use Core Measures’ link will be updated to Meaningful Use Measures
- ‘Meaningful Use Menu Measures link’ will be updated to Public Health Measures
- Clinical Quality Measures link will remain as it has been functioning.

The updated Menu Screen is shown below:



The links listed on this screen for the 2015 – 2017 Modified Stage 2 are updated to list the following:

- Meaningful Use Measures
 - Public Health Measures
- Clinical Quality Measures

Navigation

- If the EP clicks on Meaningful Use Measures then they will navigate to Meaningful Use Measure 1 of 10 and will be active upon entry to this screen.
- If the EP clicks on Public Health Measures then they will navigate to Meaningful Use Measure 10 of 10 and will be active once MU Measures 1- 9 have been completed.
- If the EP clicks on Clinical Quality Measures then they will navigate to the Clinical Quality Measure Selection Screen and will be active after MU measures 1-10 are completed.

EP Meaningful Use Objectives/Measures to be Reported for 2015 and 2016

Beginning in PY 2015, all EP reporting MU will report to the same set of measures named by CMS “Modified Stage 2”. All providers are required to attest to a single set of objectives and measures; this replaces the core and menu structure of previous stages. For EP, there are 10 objectives, including one consolidated public health reporting objective.

The MU Modifications final rule includes alternate exclusions and specifications within individual measures for providers. These include but are not limited to:

- Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures.
- Allowing providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.

The information listed below details the display of each MU Objective/Measure(s) for 2015 and 2016. Measures are listed by scenario for which that version may be displayed. The scenarios that can occur are:

- For Program Years 2015 and 2016, the measure required for response for providers who are scheduled to attest to Stage 2 MU in 2015 or 2016.
- For Program Year 2015, the measure with alternate measure or exclusion options that will be displayed for providers who are scheduled to attest Stage 1 MU in 2015. Please note these options may not be applicable to every measure.
- For Program Year 2016, the measure with alternate measure or exclusion options that will be displayed for providers who are scheduled to attest Stage 1 MU in 2016. Please note these options may not be applicable to every measure and may not be the same as what was available for alternate options in 2015.

Please note: Only exclusions that require an additional question if responded to as ‘Yes’ are listed out as a separate screen to show the additional question. If the exclusion does not require an additional question to be answered then the user will move forward without answering the measure that was excluded as described within the screen functionality.

Objective 1: Protect Electronic Health Information

Attestation to Modified Stage 2 measure is required.

There are no alternate measures or alternate exclusions for this objective.

All EP 2015 PY and 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for all EP attesting to Modified Stage 2 MU despite what Stage of MU they are scheduled to report.

Meaningful Use Objective 1 of 10

(*) Red asterisk indicates a required field.

Protect Patient Health Information

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

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by 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 EP's risk management process.

Complete the following:

***Have you conducted or reviewed your security risk analysis and if necessary implemented security updates and corrected identified security deficiencies per the requirements of this measure?**

- Yes
- No

Screen Functionality:

- The screen will display in its entirety upon navigation to this page.

Measure Editing

- Response to the measure is required.
- If measure response is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be ‘Yes’ to meet the MU threshold for this measure.
- If the provider responds ‘No’ to the measure and clicks on ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider selects no then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.**” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 2: Clinical Decision Support

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Objective, with Alt. Measure	✓			

Stage 2 EP in 2015 PY / All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP who are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and will be the way the measure should display to all EP who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 2 of 10

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: EP must satisfy both of the following in order to meet the measure:

Measure 1 – Clinical Decision Support

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.

Complete the following:

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

- Yes
- No

***Provide a brief description of the five clinical decision support interventions you implemented below:**

1.
2.
3.
4.
5.

Measure 2 – Drug interaction checks

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

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

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

- Yes
- No

Screen Functionality:

- The screen will display through the entry of the response to Measure 1.
- If Measure 1 is responded to as 'Yes' then the table for entry of the additional question for Measure 1 will display, the Measure 2 description and the exclusion for Measure 2.
- If Measure 1 is responded to as 'No' then the table for entry of the additional question for Measure 1 will not display; the Measure 2 description and the exclusion for Measure 2 will display.
- If the exclusion for Measure 2 is responded to as 'Yes,' then the additional question for the exclusion will be displayed as shown below:
 - *Please provide the number of medication orders that were written during the EHR reporting period below:
- If the exclusion for Measure 2 is responded to as 'No,' then display the question and entry for Measure 2.

Measure Editing

- Response to Measure 1 is required.
- If Measure 1 is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be 'Yes' to meet the MU threshold for Measure 1.
- Response to the additional question for Measure 1 is required if the response entered for Measure 1 is 'Yes'.
- If Measure 1 response is 'Yes' and the additional questions are not responded to for Measure then display the error:
 - “**Response to the Measure additional question/information is required**”
- The response to the exclusion is required.
- If the exclusion is not responded to then display the error:
 - “**Response to Exclusion is required**”
- If Measure 2 is left blank then display an error of:
 - “**Measure Response is required**”
- If the exclusion is not taken then the response must be 'Yes' to meet the MU threshold for Measure 2.
- If the provider responds 'No' to Measure 1 or Measure 2 and clicks on 'Save' then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider responds 'No' to Measure 1 or Measure 2 and clicks on 'Next' then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusion is 'Yes':

Meaningful Use Objective 2 of 10

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: In order for EPs to meet the objective they must satisfy both of the following measures:

Measure 1 – Clinical Decision Support

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.

Complete the following:

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

- Yes
- No

*** Provide a brief description of the five clinical decision support interventions you implemented below:**

1.
2.
3.
4.
5.

Measure 2 – Drug interaction checks

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

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

2015 PY Only – Stage 1 EP: Alternate Objective and Measure

The screen below displays an alternate objective and measure for Measure 1. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 2 of 10

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: In order for EPs to meet the objective they must satisfy both of the following measures:

Measure 1 - Clinical Decision Support

Implement one clinical decision support rule.

Complete the following:

***Have you implemented a clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule for the entire EHR reporting period?**

- Yes
- No

***Provide a brief description of the clinical decision support intervention you implemented below:**

Measure 2 – Drug Interaction Checks

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

Complete the following:

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

***Do you want to claim the exclusion for Measure 2?**

- Yes
- No

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

- Yes
- No

Screen Functionality:

- The screen will display through the entry of the response to Measure 1.
- If Measure 1 is responded to as ‘Yes’ then the entry of the additional question for Measure 1 will display; also, the Measure 2 description, and the exclusion for Measure 2.
- If Measure 1 is responded to as ‘No’ then the entry of the additional question for Measure 1 will not display; also, the Measure 2 description, and the exclusion for Measure 2 will display.
- If the exclusion for Measure 2 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - *Please provide the number of medication orders that were written during the EHR reporting period below:
- If the exclusion for Measure 2 is responded to as ‘No’ then display the question and entry for Measure 2.

Measure Editing

- Response to Measure 1 is required.
- If Measure 1 is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be ‘Yes’ to meet the MU threshold for Measure 1.
- Response to the additional question for Measure 1 is required if the response entered for Measure 1 is ‘Yes’.
- If Measure 1 response is ‘Yes’ and the additional questions are not responded to then display the error:
 - “**Response to the Measure additional question/information is required**”
- The response to the exclusion for Measure 2 is required.
- If the exclusion for Measure 2 is not responded to then display the error:
 - “**Response to Exclusion is required**”
- If Measure 2 is left blank then display an error of:
 - “**Measure Response is required**”
- If the exclusion is not taken then the response must be ‘Yes’ to meet the MU threshold for Measure 2.
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks on ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks on ‘Next’ then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusion is 'Yes':

Meaningful Use Objective 2 of 10

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: In order for EPs to meet the objective they must satisfy both of the following measures:

Measure 1 - Clinical Decision Support

Implement one clinical decision support rule.

Complete the following:

***Have you implemented a clinical decision support for the entire EHR reporting period?**

- Yes
- No

* Provide a brief description of the clinical decision support intervention you implemented below:

Measure 2 Drug Interaction Checks:

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

***Do you want to claim the exclusion for Measure 2?**

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

Objective 3 - CPOE

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Measure 1	✓			
Alt. Exclusion Measure 2	✓	✓		
Alt. Exclusion Measure 3	✓	✓		

Stage 2 EP in 2015 PY and 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to Program Year 2015 or 2016 and scheduled to attest Stage 2 MU.

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry 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: An EP through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:

Complete the following:

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

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

Measure 1 – Medication

More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

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 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

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:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

S.C. MU Modifications 2015PY/2016 PY

- Yes
- No

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:

Screen Functionality:

- The screen will initially display through the entry of the exclusion to Measure 1.
- If the exclusion for Measure 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below; also, Measure 2 description and the exclusion for Measure 2:
 - * Please provide the number of medication orders that were written during the EHR reporting period:
- If the exclusion for Measure 1 is responded to as ‘No’ then display the Measure 1 response entry, the Measure 2 description and exclusion for Measure 2.
- If the exclusion for Measure 2 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below; also, Measure 3 and the exclusion for Measure 3:
 - * Please provide the number of laboratory orders that were written during the EHR reporting period:
- If the exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry and Measure 3 description and exclusion for Measure 3.
- If the exclusion for Measure 3 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of radiology orders that were written during the EHR reporting period:
- If the exclusion for Measure 3 is responded to as ‘No’ then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the exclusion for Measure 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion for Measure 1 is responded to as ‘Yes’ and the exclusion additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- Response to Measure 1 is required
- If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 60% to meet the MU threshold for Measure 1.

- If the exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion for Measure 2 is responded to as ‘Yes’ and the exclusion additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 2.
- If the exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion for Measure 3 is responded to as ‘Yes’ and the exclusion additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 3.
- If the provider does not claim an exclusion and has a response that is not greater than 60% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks on ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 60% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks on ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusions are 'Yes'.

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

Measure 2 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

*Please provide the number of laboratory orders that were written during the EHR reporting period below:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

*Please provide the number of radiology orders that were written during the EHR reporting period below:

2015 PY Only – Stage 1 EP: 2 Measure Options, and Alternate Exclusions

The screen below displays 2 Measure options for Measure 1 from which an EP may select on which to report, an alternate exclusion for Measure 2 and an alternate exclusion for Measure 3. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 Meaningful Use.

The example below is if they selected the first option for Measure 1:

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

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

Numerator: Number of patients in the denominator that have at least one medication order entered using CPOE.

*Numerator: *Denominator:

Measure 2 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for Measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

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:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for Measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

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:

Screen Functionality with Measure 1 option 1:

- The screen will initially display through the display of the 2 options to select for Measure 1.
- Please note that the screen above is displaying the text that will display if the user chooses the first measure option for Measure 1.
 - The text for the Measure 1 N/D will correspond to this option.
- Once the selection is made for Measure 1 then the exclusion for Measure 1 will be displayed.
- If the exclusion for Measure 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below; also, Measure 2 description and the first exclusion for Measure 2:
 - * Please provide the number of medication orders that were written during the EHR reporting period:
- If the exclusion for Measure 1 is responded to as ‘No’ then display the Measure 1 response entry, the Measure 2 description and the first exclusion for Measure 2.
- If the first exclusion for Measure 2 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below and the second exclusion for Measure 2:
 - * Please provide the number of laboratory orders that were written during the EHR reporting period:
- If the first exclusion for Measure 2 is responded to as ‘No’ then display the second exclusion (the alternate exclusion) for Measure 2.
- If the second exclusion for Measure 2 is responded to as ‘Yes’ then display the Measure 3 description and first Exclusion for Measure 3.
- If the second exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry, Measure 3 description and the first exclusion for Measure 3.
- If the first exclusion for Measure 3 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of radiology orders that were written during the EHR reporting period:
- If the first exclusion for Measure 3 is responded to as ‘No’ then display the second exclusion (the alternate exclusion) for Measure 3.
- If the second exclusion for Measure 3 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next measure.
- If the second exclusion for Measure 3 is responded to as ‘No’ then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the exclusion for Measure 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion for Measure 1 is responded to as ‘Yes’ and the exclusion for Measure 1 additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If no exclusions are claimed , then response to Measure 1 is required
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 1.
- If the first exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 2 is responded to as ‘Yes’ and the exclusion for Measure 2 additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to Measure 2 is required
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 2.
- If the first exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 3 is responded to as ‘Yes’ and the exclusion for Measure 3 additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to Measure 3 is required
 - If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 3.

- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks on ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks on ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusions are 'Yes':

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

Measure 2 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

*Please provide the number of laboratory orders that were written during the EHR reporting period below:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

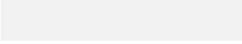
Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

*Please provide the number of radiology orders that were written during the EHR reporting period below:



The example below is if they selected the second option for Measure 1:

Meaningful Use Objective 3 of 10

(* Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

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 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

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:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

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:

Screen Functionality with Measure 1 Option 2:

- The screen will initially display through the display of the 2 options to select for Measure 1.
- Please note that the screen above is displaying the text that will display if the user chooses the 2nd measure option for Measure 1.
 - The text for the Measure N/D will correspond to this option.
- Once the selection is made for Measure 1 then the exclusion for Measure 1 will be displayed.
- If the exclusion for Measure 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below; also, Measure 2 description and the first exclusion for Measure 2:
 - * Please provide the number of medication orders that were written during the EHR reporting period:
- If the exclusion for Measure 1 is responded to as ‘No’ then display the Measure 1 response entry, the Measure 2 description and first exclusion for Measure 2.
- If the first exclusion for Measure 2 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below, Measure 3 description and the first exclusion for Measure 3:
 - * Please provide the number of laboratory orders that were written during the EHR reporting period:
- If the first exclusion for Measure 2 is responded to as ‘No’ then display Exclusion 2 (the alternate exclusion) for Measure 2.
- If the second exclusion for Measure 2 is responded to as ‘Yes’ then display the Measure 3 description and first exclusion for Measure 3.
- If the second exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry, Measure 3 description and first exclusion for Measure 3.
- If the first exclusion for Measure 3 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of radiology orders that were written during the EHR reporting period:
- If the first exclusion for Measure 3 is responded to as ‘No’ then display the second Exclusion (the alternate exclusion) for Measure 3.
- If the second exclusion for Measure 3 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next measure.
- If the second exclusion for Measure 3 is responded to as ‘No’ then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the exclusion for Measure 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion for Measure 1 is responded to as ‘Yes’ and the exclusion for Measure 1 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If no exclusions are claimed , then response to Measure 1 is required
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 1.
- If the first exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 2 is responded to as ‘Yes’ and the exclusion for Measure 2 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to Measure 2 is required
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 2.
- If the first exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 3 is responded to as ‘Yes’ and the exclusion for Measure 3 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to Measure 3 is required
 - If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 3.

- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusions are 'Yes':

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

Measure 2 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

*Please provide the number of laboratory orders that were written during the EHR reporting period below:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

*Please provide the number of radiology orders that were written during the EHR reporting period below:

2016 PY Only – Stage 1 EP: Alternate Exclusion Options

The screen below displays an alternate exclusion for Measure 2 and an alternate exclusion for Measure 3. This version of the screen will only be shown if the Program Year being attested is 2016 and the EP is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Complete the following:

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

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

Measure 1 – Medication

More than 60 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

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 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

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:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

Alternate Exclusion: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

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:

Screen Functionality:

- The screen will initially display through Measure 1 exclusion.
- If the exclusion for Measure 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below; also, Measure 2 description and the first exclusion for Measure 2:
 - * Please provide the number of medication orders that were written during the EHR reporting period:
- If the exclusion for Measure 1 is responded to as ‘No’ then display the Measure 1 response entry, the Measure 2 description and first exclusion for Measure 2.
- If the first exclusion for Measure 2 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below, Measure 3 description and the first exclusion for Measure 3:
 - * Please provide the number of laboratory orders that were written during the EHR reporting period:
- If the first exclusion for Measure 2 is responded to as ‘No’ then display the second exclusion (the alternate exclusion) for Measure 2.
- If the second exclusion for Measure 2 is responded to as ‘Yes’ then display the Measure 3 description and first Exclusion for Measure 3.
- If the second exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry, Measure 3 description and first exclusion for Measure 3.
- If the first exclusion for Measure 3 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of radiology orders that were written during the EHR reporting period:
- If the first exclusion for Measure 3 is responded to as ‘No’ then display the second exclusion (the alternate exclusion) for Measure 3.
- If the second exclusion for Measure 3 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next measure.
- If the second exclusion for Measure 3 is responded to as ‘No’ then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the exclusion for Measure 1 is not responded to then display the error:
 - “Response to Exclusion is required”

- If the exclusion for Measure 1 is responded to as ‘Yes’ and the exclusion for Measure 1 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If no exclusions are claimed, then response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 60% to meet the MU threshold for Measure 1.
- If the first exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 2 is responded to as ‘Yes’ and the exclusion for Measure 2 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 2.
- If the first exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion for Measure 3 is responded to as ‘Yes’ and the exclusion for Measure 3 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the response to the first exclusion is ‘No’ and the second exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to Measure 3 is required
 - If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 3.
- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”

- If the provider does not claim an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This view is to show the scenario of the additional question displayed if Exclusions are 'Yes':

Meaningful Use Objective 3 of 10

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

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

Measure: EP must satisfy both of the following in order to meet the measure:

Complete the following:

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

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

Measure 1 – Medication

More than 60 percent of medication orders created by the EP during the EHR reporting period, during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 1?

- Yes
- No

*Please provide the number of medication orders that were written during the EHR reporting period below:

Measure 2 – Laboratory

More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

*Please provide the number of laboratory orders that were written during the EHR reporting period below:

Measure 3 – Radiology

More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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

*Do you want to claim the exclusion for Measure 3?

- Yes
- No

*Please provide the number of radiology orders that were written during the EHR reporting period below:

Objective 4: Electronic Prescribing

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Measure	✓			

Stage 2 EP in 2015 PY/ All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to report Stage 2 MU and will be the way the measure should display to all EP attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 4 of 10

(*) Red asterisk indicates a required field.

Electronic Prescribing

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

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

Complete the following:

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

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

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*Do you want to claim Exclusion 2?

- Yes
- No

Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

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

*Numerator: *Denominator:

*Which eRx service do you use?

*Name a pharmacy that you transmit to:

Screen Functionality:

- The screen will initially display through Exclusion 1.
- If Exclusion 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of permissible prescriptions that were written during the EHR reporting period:
- If Exclusion 1 is responded to as ‘No’ then display Exclusion 2.
- If Exclusion 2 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next page.
- If Exclusion 2 is responded to as ‘No’ then display the measure response entry and the two additional questions below.
 - *Which eRx service do you use?
 - *Name a pharmacy that you transmit to:

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If Exclusion 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If Exclusion 1 is responded to as ‘Yes’ and the Exclusion 1 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the Exclusion 1 is ‘No’ and Exclusion 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed , then response to the measure is required
 - If the Measure response is left blank then display an error of:
 - “Measure Response is required”
- If the measure is responded to and the 2 additional questions are not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 50% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the measure and clicks ‘Save’ then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

The screen sample below is if the EP selected 'Yes' to Exclusion 1:

Meaningful Use Objective 4 of 10

(*) Red asterisk indicates a required field.

Electronic Prescribing

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

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

Complete the following:

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

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

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*Do you want to claim Exclusion 1?

- Yes
- No

*Please provide the number of permissible prescriptions that were written during the EHR reporting period:

2015 PY Only – Stage 1 EP: Alternate Measure

The screen below displays the Measure text from Stage 1 providing a threshold of more than **40%**. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 4 of 10

(*) Red asterisk indicates a required field.

Electronic Prescribing

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

Measure: More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Complete the following:

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

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

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any EP who does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.

*Do you want to claim Exclusion 2?

- Yes
- No

Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.

Numerator: The number of prescriptions in the denominator transmitted electronically using CEHRT.

*Numerator: *Denominator:

*Which eRx service do you use?

*Name a pharmacy that you transmit to:

Screen Functionality:

- The screen will initially display through Exclusion 1.
- If Exclusion 1 is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - * Please provide the number of permissible prescriptions that were written during the EHR reporting period:
- If Exclusion 1 is responded to as ‘No’ then display Exclusion 2.
- If Exclusion 2 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next page.
- If Exclusion 2 is responded to as ‘No’ then display the measure response entry and the two additional questions below.
 - *Which eRx service do you use?
 - *Name a pharmacy that you transmit to:

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If Exclusion 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If Exclusion 1 is responded to as ‘Yes’ and the Exclusion 1 additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the Exclusion 1 is ‘No’ and Exclusion 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the measure is responded to and the two additional questions are not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 40% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 40% for the Measure and clicks ‘Save’ then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 40% for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

The screen sample below is if the EP selected 'Yes' to Exclusion 1:

Meaningful Use Objective 4 of 10

(* Red asterisk indicates a required field.)

Electronic Prescribing

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

Measure: More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.

Complete the following:

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

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

Exclusion 1: Any EP who writes fewer than 100 permissible prescriptions during the EHR reporting period.

*Do you want to claim Exclusion 1?

- Yes
- No

*Please provide the number of permissible prescriptions that were written during the EHR reporting period below:

Objective 5: Health Information Exchange

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Exclusion	✓			

Stage 2 EP in 2015 PY / All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP who are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and will be the way the measure should display to all EP who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 5 of 10

(*) Red asterisk indicates a required field.

Health Information Exchange

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 provides a summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

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 created using CEHRT and exchanged electronically.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the exclusion.
- If the exclusion is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - *Please provide the number of transfers or referrals from the EP to another provider or setting of care during the EHR reporting period below:
- If the exclusion is responded to as ‘No’ then display the measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion is responded to as ‘Yes’ and the exclusion additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If no exclusions are claimed , then response to the measure is required
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

S.C. MU Modifications 2015PY/2016 PY

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This sample screen is showing the screen if the exclusion is marked as 'Yes':

Meaningful Use Objective 5 of 10

(* Red asterisk indicates a required field.

Health Information Exchange

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 provides a summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

*Please provide the number of transfers or referrals from the EP to another provider or setting of care during the EHR reporting period below:

2015 PY Only – Stage 1 EP: Alternate Exclusion Option

The screen below displays an alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 5 of 10

(*) Red asterisk indicates a required field.

Health Information Exchange

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 provides a summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 the EP is scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

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 created using CEHRT and exchanged electronically.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the first exclusion.
- If the first exclusion is responded to as ‘Yes’ then the additional question for the exclusion will be displayed as shown below:
 - *Please provide the number of transfers or referrals from the EP to another provider or setting of care during the EHR reporting period below:
- If the first exclusion is responded to as ‘No’ then display the second exclusion (the alternate exclusion).
- If the second exclusion is responded to as ‘Yes’, then if editing is passed allow the user to continue to the next screen.
- If the second exclusion is responded to as ‘No’ then display the measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the first exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion is responded to as ‘Yes’ and the exclusion additional question is not responded to then display the error:
 - “Response to the Exclusion additional question/information is required”
- If the first exclusion is responded to as ‘No’ and the second exclusion (the alternate exclusion) is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select

"Cancel" and correct your data entries as applicable." They will have 2 selection button options:

- OK – move to the next measure
- Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

This sample screen is showing the screen if the exclusion is marked as 'Yes':

Meaningful Use Objective 5 of 10

(* Red asterisk indicates a required field.

Health Information Exchange

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 provides a summary care record for each transition of care or referral.

Measure: The EP that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

*Please provide the number of transfers or referrals from the EP to another provider or setting of care during the EHR reporting period below:

Objective 6: Patient-Specific Education

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EP in 2015 PY / All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and, for all EP attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 6 of 10

(*) Red asterisk indicates a required field.

Patient-Specific Education

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

Measure: Patient-specific education resources identified by CEHRT 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.

Complete the following:

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

*Do you want to claim the exclusion?

- Yes
- No

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 CEHRT.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the exclusion.
- If the exclusion is responded to as 'Yes' and editing is passed allow the provider to move to the next page.
- If the exclusion is responded to as 'No' then display the Measure response entry.

Measure Editing

- If the exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the provider does not claim an exclusion, then response to the Measure is required
 - If the Measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be 'greater than' 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 1 EP: Alternate Exclusion Option

The screen below displays an alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 6 of 10

(*) Red asterisk indicates a required field.

Patient-Specific Education

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

Measure: Patient-specific education resources identified by CEHRT 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.

Complete the following:

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

*Do you want to claim the exclusion?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient-Specific Education menu objective.

*Do you want to claim the alternate exclusion?

- Yes
- No

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 CEHRT.

S.C. MU Modifications 2015PY/2016 PY

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the first exclusion.
- If the first exclusion is responded to as 'Yes' and editing is passed allow the provider to move to the next page.
- If the first exclusion is responded to as 'No' then display the second (alternate) exclusion.
- If the second exclusion is responded to as 'Yes' and editing is passed allow the provider to move to the next page.
- If the second exclusion is responded to as 'No' then display the measure response entry.

Measure Editing

- If the first exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion is responded to as 'No' and the second exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the provider does not claim an exclusion, then response to the measure is required
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be 'greater than' 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 7: Medication Reconciliation

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EP in 2015 PY/ All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and will be the way the measure should display to all EP who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 7 of 10

(*) 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 performs medication reconciliation.

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

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

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:

Screen Functionality:

- The screen will initially display through the exclusion.
- If the exclusion is responded to as 'Yes' and if editing is passed allow the provider to move to the next page.
- If the exclusion is responded to as 'No' then display the measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - "Patient records selection is required"
- If exclusion is not responded to then display the error:
 - "Response to Exclusion is required"
- If no exclusions are claimed , then response to the measure is required
 - If the measure response is left blank then display an error of:
 - "Measure Response is required"
- If the exclusion is not taken, the calculated N/D must be 'greater than' 50% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the Measure and clicks 'Save' then provide a warning popup message that states,
 - "Your data entries indicate you have not met the measure for this objective. Please review your entries."
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the Measure and clicks 'Next' then provide a warning popup message that states,
 - "Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable." They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 1 EP: Alternate Exclusion Option

The screen below displays an alternate exclusion. This version of the screen will only be shown if the EP is attesting to the Program Year 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 7 of 10

(*) 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 performs medication reconciliation.

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

Complete the following:

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

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

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

*Do you want to claim the exclusion?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

*Do you want to claim the alternate exclusion?

- Yes
- No

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:

Screen Functionality:

- The screen will initially display through the first exclusion.
- If the first exclusion is responded to as 'Yes' and if editing is passed allow the provider to move to the next page.
- If the first exclusion is responded to as 'No' then display the alternate exclusion.
- If the alternate exclusion is responded to as 'Yes' and if editing is passed allow the provider to move to the next page.
- If the alternate exclusion is responded to as 'No' then display the measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - "Patient records selection is required"
- If the first exclusion is not responded to then display the error:
 - "Response to Exclusion is required"
- If the first exclusion has a response of 'No' and the second exclusion is not responded to then display the error:
 - "Response to Exclusion is required"
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - "Measure Response is required"
- If the exclusion is not taken, the calculated N/D must be 'greater than' 50% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the Measure and clicks 'Save' then provide a warning popup message that states,
 - "Your data entries indicate you have not met the measure for this objective. Please review your entries."
- If the provider does not claim an exclusion and has a response that is not greater than 50% for the Measure and clicks 'Next' then provide a warning popup message that states,
 - "Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable." They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

S.C. MU Modifications 2015PY/2016 PY

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 8: Patient Electronic Access (View, Download, Transmit)

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EP in 2015 PY / All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP who are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and will be the way the measure should display to all EP who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 8 of 10

(*) Red asterisk indicates a required field.

Patient Electronic Access (VDT)

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.

Measure: In order for the EP to meet the measure for the objective he or she must satisfy all of the following measures and/or exclusion(s) below.

Complete the following:

Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information may be excluded from both measures.

*Do you want to claim this exclusion?

- Yes
- No

Measure 1 – Provide timely online access to health information:

More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Complete the following:

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

Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

*Numerator: *Denominator:

Measure 2 – Patient accessed health information:

At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Complete the following:

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

*Do you want to claim this exclusion for Measure 2?

- Yes
- No

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

Numerator: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the entry the first exclusion.
- If the first exclusion is responded to as ‘Yes’ then entry for Measure 1 and 2 will not be displayed and the provider may move to the next page.
- If the first exclusion is responded to as ‘No’ then display Measure 1 entry through the entry of the exclusion for Measure 2.
- If the exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed and the provider may move to the next page.
- If the exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry.

Measure Editing

- If the first exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- Response to Measure 1 is required if the response to the first exclusion is ‘No’
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 50% to meet the MU threshold for Measure 1.
- Response to the exclusion for Measure 2 is required if the first exclusion response is ‘No’.
- If the exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are taken, then Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the numerator must be equal to or greater than ‘1’ to meet the MU threshold for Measure 2.
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select

"Cancel" and correct your data entries as applicable." They will have 2 selection button options:

- OK – move to the next measure
- Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 1 EP: Alternate Exclusion Option

The screen below displays an alternate exclusion option for Measure 2. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 8 of 10

(*) Red asterisk indicates a required field.

Patient Electronic Access (VDT)

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.

Measure: In order for EPs to meet the objective they must satisfy all of the following measures and/or exclusion(s) below:

Complete the following:

Exclusion: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information may be excluded from both measures.

*Do you want to claim this exclusion?

- Yes
- No

Measure 1 – Provide timely online access to health information:

More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.

Complete the following:

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

Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP.

*Numerator: *Denominator:

Measure 2 – Patient accessed health information:

At least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

Complete the following:

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

*Do you want to claim this exclusion for Measure 2?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

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

Numerator: The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the entry the first exclusion.
- If the first exclusion is responded to as ‘Yes’ then entry for Measure 1 and 2 will not be displayed and the provider may move to the next page.
- If the first exclusion is responded to as ‘No’ then display Measure 1 entry through the entry of the exclusion for Measure 2.
- If the exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed and the provider may move to the next page.
- If the exclusion for Measure 2 is responded to as ‘No’ then display the alternate exclusion.
- If the alternate exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed and the provider may move to the next page.
- If the alternate exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry.

Measure Editing

- If the first exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- Response to Measure 1 is required if the response to the first exclusion is ‘No’
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 50% to meet the MU threshold for Measure 1.
- If the exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the alternate exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are taken, then Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the numerator must be equal to or greater than ‘1’ to meet the MU threshold for Measure 2.
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Next’ then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 9: Secure Electronic Messaging

Unless alternatives are noted, EP must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Measure			✓	
Alt. Exclusion	✓			

All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2016 for any MU Stage.

Meaningful Use Objective 9 of 10

(*) Red asterisk indicates a required field.

Secure Electronic Messaging

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

Measure: For at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

Complete the following:

Exclusion 1: Any EP who has no office visits during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- 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 4Mbps broadband availability according to the latest information available from the Federal Communications Commission on the first day of the EHR reporting period.

*Do you want to claim the Exclusion 2?

- Yes
- No

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

Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through Exclusion 1.
- If Exclusion 1 is responded to as 'Yes' then the measure entry will not display and the provider can move to the next page.
- If Exclusion 1 is responded to as 'No' then display Exclusion 2.
- If Exclusion 2 is responded to as 'Yes' then the measure entry will not display and the provider can move to the next page.
- If Exclusion 2 is responded to as 'No' then display the measure response entry.

Measure Editing

- If Exclusion 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the Exclusion 1 is 'No' and Exclusion 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the measure numerator must be equal to or greater than '1' to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a numerator that is not equal to or greater than '1' for the Measure and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a numerator that is not equal to or greater than '1' for the Measure and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 2 EP: Alternate Measure

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to report Stage 2.

Meaningful Use Objective 9 of 10

(*) Red asterisk indicates a required field.

Secure Electronic Messaging

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

Measure: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Complete the following:

Exclusion 1: Any EP who has no office visits during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- 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 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Do you want to claim the Exclusion 2?

- Yes
- No

***Was the capability for the EP’s patients to send and receive a secure electronic message with the EP fully enabled during the EHR reporting period?**

- Yes
- No

Screen Functionality:

- The screen will initially display through the Exclusion 1.
- If Exclusion 1 is responded to as 'Yes' then the measure entry will not display and the provider may go to the next page.
- If Exclusion 1 is responded to as 'No' then display Exclusion 2.
- If Exclusion 2 is responded to as 'Yes' then the measure entry will not display and the provider may go to the next page.
- If Exclusion 2 is responded to as 'No' then display the measure response entry.

Measure Editing

- If Exclusion 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the Exclusion 1 is 'No' and Exclusion 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the Measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the measure response must be 'Yes' to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not 'Yes' for the Measure and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not 'Yes' for the Measure and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EP: Alternate Exclusion Option

The screen below displays an alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 9 of 10

(*) Red asterisk indicates a required field.

Secure Electronic Messaging

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

Measure: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

Complete the following:

Exclusion 1: Any EP who has no office visits during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- 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 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

*Do you want to claim the Exclusion 2?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Do you want to claim the alternate exclusion?

- Yes

- No

***Was the capability for the EP's patients to send and receive a secure electronic message with the EP fully enabled during the EHR reporting?**

- Yes
- No

Screen Functionality:

- The screen will initially display through the Exclusion 1.
- If Exclusion 1 is responded to as 'Yes' then the measure entry will not display and the provider can move to the next page.
- If Exclusion 1 is responded to as 'No' then display Exclusion 2.
- If Exclusion 2 is responded to as 'Yes' then the measure entry will not display and the provider can move to the next page.
- If Exclusion 2 is responded to as 'No' then display the alternate exclusion.
- If the alternate exclusion is responded to as 'Yes' then the measure entry will not display and the provider can move to the next page.
- If the alternate exclusion is responded to as 'No' then display the measure response entry.

Measure Editing

- If Exclusion 1 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the Exclusion 1 is 'No' and Exclusion 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the Exclusion 1 and 2 are 'No' and the alternate exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the measure response must be 'Yes' to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not 'Yes' for the Measure and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not 'Yes' for the Measure and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 10: Public Health Reporting

Unless alternatives are noted, EP must attest to Modified Stage 2 measure.

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Exclusion Measure 1	✓			
Alt. Exclusion Measure 2	✓		✓	
Alt. Exclusion Measure 3	✓		✓	

Stage 2 EP in 2015 PY / and 2016 PY All EP: Measure Selection

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to report Stage 2 MU; and will be the way the measure should display to all EP who are attesting to Program Year 2016, despite their scheduled MU Stage.

Meaningful Use Objective 10 of 10

Public Health Reporting Objective:

The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Public Health Measure Reporting Selection

EP must report on a total of two (2) Public Health Measures to meet the Measure 10 objective for meaningful use. Exclusions cannot be used to count towards meeting the required two (2) measures. This means that beginning in 2015, an EP would need to:

- Attest to TWO total Public Health Measures for which the EP can meet the measure successfully;
(EP may attest to active engagement with more than one Specialized Registry and satisfy the measure for Public Health Registry Reporting if the EP reports to TWO or more different specialized registries); OR
- Attest to all three (3) Public Health Measures, counting exclusions

Please select the Public Health Measures for which you are attesting according to the following guidelines:

1. If you are attesting to meet two (2) Public Health Measures without claiming exclusion, you may select the two (2) total Public Health Measures from the list below.
2. If you are attesting to Public Health Measure 3 (Specialized Registry) and are reporting to at least two (2) different specialized registries, you have the option of selecting just the Public Health Measure 3 from the list below.
3. If you cannot meet at least two (2) of the Public Health Measures below without claiming an exclusion, then you must select all three (3) of the Public Health Measures below (or

click the 'Select All' link below) and attest to either meeting the measure or the exclusion of the public health measure for all three (3) Public Health Measures.

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

Select Public Health Reporting Measures

- Measure 10 - 1 **Immunization Registry Reporting**: The EP is in active engagement with a public health agency to submit immunization data.
- Measure 10 - 2 **Syndromic Surveillance Reporting**: The EP is in active engagement with a public health agency to submit syndromic surveillance data.
- Measure 10 - 3 **Specialized Registry Reporting**: The EP is in active engagement with a public health agency to submit data to a specialized registry.

Screen Functionality:

- The EP will be required to select at least 2 PH measures in order to move forward to the next screen, unless the EP has only selected Measure 3 which may count towards meeting up to 2 measures.
- Allow the EP to proceed to the next screen if they made one selection and it was Measure 3.
- If the EP selected more than 2 measures to report allow EP to continue to the next screen.
- The measure screens below should be displayed according to the selection made by the EP such as what occurred with the Menu Measure functionality.

Measure Editing

- If there are no selections made or if there is only one measure selected and it is not Measure 3, then display the error message below:
 - **“Please review the instructions and correct your selection.”**

Navigation Buttons:

- Select All – Clicking this link will select all the public health measures
- De-Select All - Clicking this link will de-select all the public health measures
- Previous – Takes the user to the previous page
- Save and Continue – Saves the data entered by the user and takes the user to the next measure

2015 PY Only – Stage 1 EP: Measure Selection

The screen below displays different selection criteria required for attesting to the Public Health Measure. This version of the screen will only be shown if the Program Year being attested to is 2015 and the EP is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 10 of 10

Public Health Reporting:

The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Public Health Measure Selection

EPs must report on a total of one (1) Public Health Measure to meet the Measure 10 objective for meaningful use. Exclusions cannot be used to count towards meeting the required one (1) measure. This means that beginning in 2015, an EP would need to:

- Attest to ONE Public Health Measure for which the EP can meet the measure successfully; OR
- Attest to all three (3) Public Health Measures, counting exclusions

Please select the Public Health Measure(s) for which you are attesting according to the following guidelines:

1. If you are attesting to meet one (1) Public Health Measure without claiming an exclusion, you may select the one (1) Public Health Measure from the list below.
2. If you cannot meet at least one (1) of the Public Health Measures below without claiming an exclusion then you must select all three (3) of the Public Health Measures below (or click the ‘Select All’ link below) and attest to meeting the exclusion of the measure for all three (3) Public Health Measures below.

Select All / De-Select All

Select Public Health Reporting Measures

- Measure 10 - 1 **Immunization Registry Reporting:** The EP is in active engagement with a public health agency to submit immunization data.

- Measure 10 - 2 **Syndromic Surveillance Reporting:** The EP is in active engagement with a public health agency to submit syndromic surveillance data.
- Measure 10 - 3 **Specialized Registry Reporting:** The EP is in active engagement with a public health agency to submit data to a specialized registry.

Screen Functionality:

- The EP will be required to select at least 1 PH measure in order to move forward to the next page.
- If the EP selected more than 1 measure to report allow the EP to continue to the next screen.
- The measure screens below should be displayed according to the selection made by the EP such as what occurred with the Menu Measure functionality.

Measure Editing

- If there are no selections made then display the error message below:
 - “Please review the instructions and correct your selection.”

Navigation Buttons:

- Select All – Clicking this link will select all the public health measures
- De-Select All - Clicking this link will un-select all the public health measures
- Previous – Takes the user to the previous page
- Save and Continue – Saves the data entered by the user and takes the user to the next measure

Objective 10: Meaningful Use Measure 10-1 Immunization Registry Reporting

Stage 2 EP in 2015 PY/ All EP in 2016 PY

The Measure screen data shown below is for EP attesting to the PY 2015 and scheduled to report Stage 2 MU; or for EP attesting to the PY 2016 for any MU Stage.

Meaningful Use Measure 10-1

(*) Red asterisk indicates a required field.

Immunization Registry Reporting

Measure 10-1: The EP is in active engagement with a public health agency to submit immunization data.

"Active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- 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 to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

*Do you want to claim the Exclusion 3?

- Yes
- No

***Is the EP actively engaged with a public health agency to submit immunization data?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3, or the measure entry.
- If the EP selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EP selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusion 1, 2, and 3 is 'No'
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is 'Yes.'

- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the Measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 1 EP: Alternate Exclusion Option

The Measure screen data shown below represents SLR screen information and functionality for EP attesting to the Program Year 2015 and are scheduled to be in Stage 1 MU.

Meaningful Use Measure 10-1

(*) Red asterisk indicates a required field.

Immunization Registry Reporting

Measure 10-1: The EP is in active engagement with a public health agency to submit immunization data.

"Active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- 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 to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.

*Do you want to claim the Exclusion 3?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the Stage 2 Immunization Registry Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

*Is the EP actively engaged with a public health agency to submit immunization data?

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3, nor the measure entry.
- If the EP selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the alternate exclusion.
- If the EP selects 'Yes' to the alternate exclusion then do not display the measure entry.
- If the EP selects 'No' to the alternate exclusion then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required
 - If Exclusion 1 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:

- “Response to Exclusion is required”
- If the EP selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’
 - If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EP selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 10: Meaningful Use Measure 10-2 Syndromic Surveillance Reporting

All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for all EP attesting to the Program Year 2016.

Meaningful Use Measure 10-2

(*) Red asterisk indicates a required field.

Syndromic Surveillance Reporting

Measure 10-2: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

The term "active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system

*Do you want to claim the Exclusion 1?

- 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 from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period

*Do you want to claim the Exclusion 3?

- Yes
- No

***Is the EP actively engaged with a public health agency to submit syndromic surveillance data?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EP selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to the Measure is required if the response to Exclusion 1, 2, and 3 is 'No'.
 - If the measure is left blank then display an error of:
 - **“Measure Response is required”**
- Response to additional questions is required if the response to the measure is 'Yes'

- If the measure is responded to and the additional question is not responded to then display the error:
 - “**Response to the Measure additional question/information is required**”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.**” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - All EP: Alternate Exclusion Option

The Measure screen data shown below represents SLR screen information and functionality for all EP who are attesting to the Program Year 2015.

Meaningful Use Measure 10-2

(* Red asterisk indicates a required field.

Syndromic Surveillance Reporting

Measure 10-2: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

"Active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system

*Do you want to claim the Exclusion 1?

- 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 from EPs in the

specific standards required to meet the CEHRT definition at the start of the EHR reporting period

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period

*Do you want to claim the Exclusion 3?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the Stage 2 Syndromic Surveillance Reporting if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Syndromic Surveillance Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

***Is the EP actively engaged with a public health agency to submit syndromic surveillance data?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EP selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the alternate exclusion.
- If the EP selects 'Yes' to the alternate exclusion then do not display the measure entry.
- If the EP selects 'No' to the alternate exclusion then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”**
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is 'No'.
 - If the alternate exclusion is left blank then display an error of:

- “Response to Exclusion is required”
- If the EP selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Public Health Measure Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to exclusions 1, 2, 3, and the alternate is ‘No’.
 - If the Measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 10: Meaningful Use Measure 10-3 Specialized Registry Reporting

All EP in 2016 PY

The Measure screen data shown below represents SLR screen information and functionality for all EP who are attesting to the Program Year 2016.

Meaningful Use Measure 10-3

(*) Red asterisk indicates a required field.

Specialized Registry Reporting

Measure 10-3: The EP is in active engagement to submit data to a specialized registry.

"Active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period.

*Do you want to claim the Exclusion 1?

- Yes
- No

Exclusion 2: Any EP who operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period

*Do you want to claim the Exclusion 3?

- Yes
- No

***Is the EP actively engaged to submit data to a specialized registry?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many Specialized Registries to which you are actively engaged to submit data:

- 1
- 2

*Please list the names of the Specialized Registries to which you are actively engaged:

1.

2.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EP selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the measure entry and the first 2 additional questions.
- If the EP selects 1 for the 2nd additional question then only display 1 entry box to allow the EP to list the name of the specialized registry.
- If the EP selects 2 or more for the 2nd additional question then display 2 entry boxes to allow the EP to list the names of the specialized registries.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to the measure is required if the response to Exclusion 1, 2, and 3 is 'No'.

- If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional questions are not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - All EP: Alternate Exclusion Option

The Measure screen data shown below represents SLR screen information and functionality for all EP who are attesting to the Program Year 2015.

Meaningful Use Measure 10-3

(*) Red asterisk indicates a required field.

Specialized Registry Reporting

Measure 10-3: The EP is in active engagement to submit data to a specialized registry.

"Active engagement" may be demonstrated by any of the following options:

- **Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- **Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any EP who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period

*Do you want to claim the Exclusion 1?

- Yes
- No

Exclusion 2: Any EP who operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.

*Do you want to claim the Exclusion 2?

- Yes
- No

Exclusion 3: Any EP who operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the start of the EHR reporting period

*Do you want to claim the Exclusion 3?

- Yes
- No

Alternate Exclusion: An EP may claim an exclusion for the Stage 2 Specialized Registry Reporting if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Specialized Registry Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

*Is the EP actively engaged to submit data to a specialized registry?

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1- Completed Registration to Submit Data:** The EP has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The EP is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 - Production:** The EP has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many Specialized Registries to which you are actively engaged to submit data:

- 1
- 2

*Please list the names of the Specialized Registries to which you are actively engaged:

1.

2.

Screen Functionality:

- Display screen through Exclusion 1 upon the EP initially navigating to this measure from the selection screen.
- If the EP selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EP selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EP selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EP selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EP selects 'No' to Exclusion 3 then display the alternate exclusion.
- If the EP selects 'Yes' to the alternate exclusion then do not display the measure entry.
- If the EP selects 'No' to the alternate exclusion then display the measure entry and the first 2 additional questions.
- If the EP selects 1 for the 2nd additional question then only display 1 entry box to allow the EP to list the name of the specialized registry.
- If the EP selects 2 or more for the 2nd additional question then display 2 entry boxes to allow the EP to list the names of the specialized registries.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - **“Response to Exclusion is required”**
- If the EP selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - **“If an exclusion needs to be claimed please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”**

- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’.
 - If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EP selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed, please return to the Public Health Measures Selection screen, review the instructions and correct your measure selection.”
- If the EP selects ‘Yes’ to the alternate exclusion and has selected the alternate exclusions on public health Measures 1 and 2 as well then display error message and do not allow them to continue to the next page.
 - “Alternate Exclusions may not be claimed on all 3 Public Health Measures. EP scheduled to be in Stage 1 must attest to at least one of the Public Health Measures 1-3. An Alternate Exclusion may only be claimed for up to two measures. Please identify a Public Health Measure for which you can meet the Exclusion and update your response in order to continue with your attestation.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional questions are not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Business Requirements for EH/CAH Effective for Program Years 2015 and 2016

The “MU Modifications” final rule specifies criteria that eligible hospitals (EH) and critical access hospitals (CAH) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in the 2015 PY through 2017 PY (Modified Stage 2) as well as Stage 3 in the 2018 PY and beyond. The information that follows summarizes what EH will need to know about meeting the S.C. Medicaid EHR Incentive Program requirements in the 2015 PY and the 2016 PY; information that summarizes the 2017 PY and future years will be published at a later date.

EH / CAH Tail Period Update

As of 2015, the EHR reporting period for EH and CAH will be based on Calendar Year instead of Fiscal Year.

2015 PY

As a result of, and to transition to, this new reporting period, the EH 2015 PY shall be 10/01/14 – 12/31/15.

Dually-eligible EH: MU: Dually-eligible hospitals attest to MU with the CMS Medicare EHR Incentive Program, and are then deemed meaningful users for the Medicaid EHR Incentive Program; thus, there are no MU attestation screens needed in the S.C. Medicaid State Level Repository. The only changes necessary related to the MU Modifications final rule will be for edits for PY attestation start dates and end dates, edits for changes to the patient volume period from which the EH may report patient volume, and any changes necessary to accept the CMS C5 transactions. Since CMS has published the deadline for EH to attest to the 2015 PY as 2/29/2016, SCDHHS, with CMS’ approval, has extended the attestation tail period for dually-eligible EH to attest to MU for the 2015 PY to end **3/31/16**.

Dually-eligible EH: AIU: Currently there are three dually-eligible EH who have registered to participate with the S.C. Medicaid EHR Incentive Program but have yet to attest to their first year. Since the EH 2015 PY will be 10/01/14 – 12/31/15, and the S.C. Medicaid SLR functions to accept an EH 2015 PY attestation thru 12/31/15, the deadline for a dually-eligible EH to attest to AIU (should they choose the AIU option) for the 2015 PY will remain **12/31/15**.

Medicaid-Only EH: MU: There is only one Medicaid-Only EH that has been identified for the S.C. Medicaid EHR Incentive Program; that EH is scheduled in the 2015 PY for the first year of Stage 1 MU. In addition to the afore-mentioned changes necessary for PY attestation start date and end date, and edits for changes to the patient volume period, changes will be needed to the MU attestation screens. SCDHHS intends to develop and deploy the Medicaid-Only EH MU screens on the same schedule as the EP MU screens (April/May 2016). SCDHHS, with CMS’ approval, has extended the attestation tail period for Medicaid-Only EH for the 2015 PY to end **6/30/16**.

2016 PY

CMS has clarified that, as of 12/15/15 (the date the new final rule became effective), the EH Program Year shall change to the Calendar Year dates (2016 PY will be 01/01/16 – 12/31/16). Barring unforeseen changes from future final rules or amendments, the attestation tail period will resume its normal schedule of extending two months beyond the end of the PY.

Medicaid-Only EH / CAH Program Year Editing update

For Program Year 2015

- All EH will be only required to report to a 90-day EHR reporting period despite their Stage or Year of MU reporting.
- In addition, for the 2015 Program Year only, EH will be allowed to select a 90-day EHR reporting period within the timeframe of 10/1/2014 – 12/31/2015.

For Program Year 2016 and beyond

- Any EH who is not attesting to Meaningful Use for the first time will have to attest with a full year as their EHR reporting period.
 - For example-
 - If they have not in a previous payment year selected MU as their EHR status then they may report to a 90-day EHR reporting period.
 - If they have in a previous payment year selected MU as their EHR status then they will have to report a full-year EHR reporting period.

Dually Eligible EH / CAH Program Year Editing

- The S.C. Medicaid SLR will accept the EHR reporting period that was transmitted on the C5 from CMS and accept it as valid as long as CMS has accepted or passed the MU attestation (as it does today).

EH & CAH Certified EHR Technology (CEHRT) Edit Update

In 2015, all providers are required to use technology certified to the 2014 Edition. In 2016 and 2017, providers can choose to use technology certified to the 2014 Edition or the 2015 Edition or a combination of the 2 Editions as long as the modules are calculating the MU measures according to the MU measure specification that is being attested. The S.C. SLR will continue, as it does presently, to collect the product name, version, and associated CHPL Product Number from the attesting provider to detail the provider's technology in place for the MU EHR reporting period, and so that SCDHHS may verify the CMS EHR Certification ID associated with the attested technology has been reported correctly in the attestation.

An edit will be added to the S.C. SLR EHR Details screen that verifies that any EH (AIU or MU) has not entered a CMS EHR Certification ID associated with a 2011 Edition CEHRT, or a combination of CEHRT that includes 2011 Edition.

Criteria for the edit:

If the CMS EHR Certification ID entered on the EHR Details screen meets either condition below display an error message:

- 2011 Edition CEHRT = characters in the 3-5 position of the 15-character ID display ‘000’
- Combination of 2011 Edition/2014 Edition CEHRT = characters in the 3-5 position of the 15-character ID display ‘H13’

Proposed Error Message to display:

The CMS EHR Certification ID entered is associated with CEHRT that is no longer supported by the EHR Incentive Program. Please check your documentation or with your vendor and enter the corrected information.

Medicaid Only EH / CAH Updated Navigational Flow

Beginning in PY 2015, all EH reporting MU will report to the same set of measures named by CMS “Modified Stage 2”.

All historical stages and attestations will need to remain intact with the same navigational flow, text, and measures as they were reported when the provider attested.

A new navigation path will be created for MU measures for Medicaid-Only EH attesting to MU in Program Year 2015 and 2016.

- This will be for all EH who select 2015 or 2016 Program Year -And
- Have a program option of Medicaid -And
- Selected MU as their EHR Status

Navigational flows by Inactive (view only) and Active for EH for Program Years 2011 - 2016

Screen Navigation	Definition of Users	Inactive vs. Active
AIU	Potentially any EH user who is in their first payment year	Both
Dually Eligible EH	Any EH who has a program option of Dual Eligible	Both
2012 Stage 1 MU	Potentially any EH who attested to MU for the 2012 Program Year	N/A

S.C. MU Modifications 2015PY/2016 PY

2013 Stage 1 MU	Potentially any EH who attested to MU for the 2013 program year - or - who attested to the 2014 Flex Rule and selected the option to attest to 2013 Stage 1 MU	N/A
2014 Stage 1 MU	Potentially any EH who attested to MU for the 2014 Program Year for Stage 1 - or - who attested to the 2014 Flex Rule and selected the option to attest to 2014 Stage 1 MU	N/A
2014 Stage 2 MU	Potentially any EH who attested to MU for the 2014 Program Year for Stage 2 - or - who attested to the 2014 Flex Rule and selected the option to attest to 2014 Stage 2 MU	N/A
Modified Stage 2 (with 2015 PY options)	EH who have a program option of Medicaid and attest to MU in Program Year 2015 and are scheduled to attest to Stage 1 MU	Both
Modified Stage 2 (with 2016 PY options)	EH who have a program option of Medicaid and attest to MU in Program Year 2016 and are scheduled to attest to Stage 1 MU	Both
Modified Stage 2	EH who have a program option of Medicaid and attest to MU in Program Year 2015 or 2016 and are scheduled to attest to Stage 2 MU (Exception is Measure 4 alternate also available for Program Year 2015 Stage 2)	Both

Medicaid Only EH / CAH Updated Meaningful Use Questionnaire Screen

EH / CAH will be allowed to attest to a different CQM reporting period for the Program Year 2015 or any Program Year following if it is the EH / CAH's first time attesting to MU. If the EH / CAH is reporting to a full calendar year then the screen will not display the added questions for entry.

[The screen below is an example of the MU Questionnaire screen for a Medicaid-Only EH/CAH:](#)

The screenshot shows the 'Meaningful Use Questionnaire' for Year 4 Attestation / Program Year 2015. The page title is 'SOUTH CAROLINA Healthy Connections MEDICAID'. The main content area contains the following text and form elements:

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: (mm/dd/yy)
- EHR Reporting Period End Date: (mm/dd/yy)
- Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?
 - Yes No
- Emergency Department (ED) Admissions: An eligible hospital must choose one of the two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Measures. Please select the method that will be used for ALL Meaningful Use Measures:
 - Observation Services Method
 - All ED Visits Method

Navigation buttons for 'Previous' and 'Next' are located at the bottom of the form.

The question below needs to be added to the MU Questionnaire screen:

Is the reporting period for your CQM submission the same period as your EHR Reporting Period listed above?

- The user will be required to select 'Yes' or 'No' to move forward.
- If the user selects "Yes" they will be able to navigate to the Meaningful Use Menu screen.
- If the user selects 'No' then they will be given the option to enter their reporting period for their CQM submission as seen below:

Meaningful Use Questionnaire

The "EHR reporting period" is the timeframe for which the meaningful use measure data was collected and reported for your attestation. Please provide the EHR reporting period associated with this attestation:

- EHR Reporting Period Start Date: (mm/dd/yy)
- EHR Reporting Period End Date: (mm/dd/yy)

Is the reporting period for your CQM submission the same period as your EHR Reporting periods listed above?

Yes No

Please enter the start and end date for your CQM submission:

- CQM Reporting Start Date: (mm/dd/yy)
- CQM Reporting End Date: (mm/dd/yy)

Emergency Department (ED) Admissions: An eligible hospital must choose one of the two methods to designate how patients admitted to the Emergency Department (ED) will be included in the denominators of certain Meaningful Use Measures. Please select the method that will be used for ALL Meaningful Use Measures:

Observation Services Method

All ED Visits Method

Editing for the new date fields:

- CQM Reporting Start Date must be a valid date and date format.
- CQM Reporting Start Date must be at least 89 days before the current date.
- CQM Reporting Start Date must be a date within the program year selected for the attestation and at least 89 days before 12/31 of the program year.
- CQM Reporting End Date must be in the correct date format.
- CQM Reporting End Date must be at least CQM Reporting Start Date + 89 or greater.
- CQM Reporting End Date cannot be after 12/31 of the program year selected for attestation.
- CQM Reporting End Date cannot be greater than the current date.

Navigation Buttons:

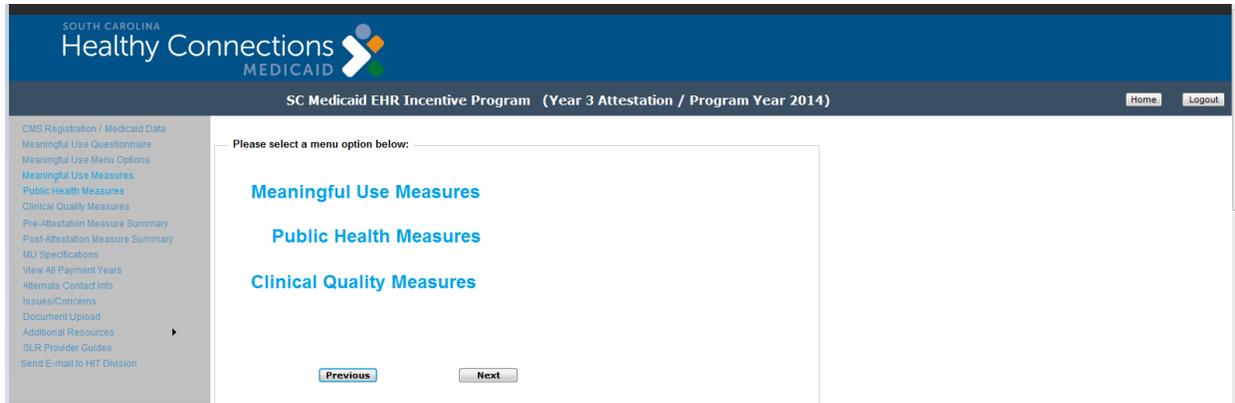
- Previous – Takes the user to the previous page
- Next – Saves the data entered by the user and takes the user to the Meaningful Use Menu page

Medicaid-Only EH/CAH Updated Meaningful Use Menu Page

The links listed on the Left Navigation Menu will be update for the 2015 – 2017 Modified Stage 2 as described below:

- Meaningful Use Core Measures link will be updated to Meaningful Use Measures
- Meaningful Use Menu Measures link will be updated to Public Health Measures

The updated Menu Screen is shown below:



The links listed on this screen for the 2015 – 2017 Modified Stage 2 are updated to list the following:

- Meaningful Use Measures
 - Public Health Measures
- Clinical Quality Measures

Navigation

- If the EH clicks on Meaningful Use Measures then they will navigate to Meaningful Use Measure 1 of 9 and will be active upon entry to this screen.
- If the EH clicks on Public Health Measures then they will navigate to Meaningful Use Measure 9 of 9 and will be active once MU Measures 1 - 8 have been completed.
- If the EH clicks on Clinical Quality Measures then they will navigate to the Clinical Quality Measure Selection Screen and will be active after MU measures 1 - 9 are completed.

Medicaid-Only EH / CAH Meaningful Use Objectives/Measures to be Reported for 2015 PY and 2016 PY

Beginning in PY 2015, all EH reporting MU will report to the same set of measures named by CMS “Modified Stage 2”. All providers are required to attest to a single set of objectives and measures; this replaces the core and menu structure of previous stages. For EH, there are 9 objectives, including one consolidated public health reporting objective.

The final rule includes alternate exclusions and specifications within individual measures for providers. These include but are not limited to:

- Allowing providers who were previously scheduled to be in a Stage 1 EHR reporting period for 2015 to use a lower threshold for certain measures.
- Allowing providers to exclude Modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.

The Measures listed below detail the display of each MU measure for the 2015 PY and 2016 PY for Medicaid-Only EH/ CAHs. Measures are listed by scenario for which that version may be displayed. The scenarios that can occur are:

- For Program Years 2015 and 2016, the measure required for response for providers who are scheduled to attest to Stage 2 MU in the 2015 PY or 2016 PY.
- For Program Year 2015, the measure with alternate measure or exclusion options that will be displayed for providers who are scheduled to attest Stage 1 MU in the 2015 PY. Please note these options may not be applicable to every measure.
- For Program Year 2016, the measure with alternate measure or exclusion options that will be displayed for providers who are scheduled to attest Stage 1 MU in the 2016 PY. Please note these options may not be applicable to every measure and may not be the same as what was available for alternate options in the 2015 PY.

Please note: Only exclusions that require an additional question if responded to as ‘Yes’ are listed out as a separate screen to show the additional question. If the exclusion does not require an additional question to be answered then the user will move forward without answering the measure that was excluded as described within the screen functionality.

Objective 1: Protect Patient Health Information

Attestation to Modified Stage 2 measure is required.

There are no alternate measures or alternate exclusions for this objective.

2015 PY and 2016 PY - All EH

The Measure screen data shown below represents SLR screen information and functionality for all EH attesting to Modified Stage 2 MU despite what Stage of MU they are scheduled to report.

Meaningful Use Objective 1 of 9

(*) Red asterisk indicates a required field.

Protect Patient Health Information

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

Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by 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 eligible hospital or CAH's risk management process.

Complete the following:

***Have you conducted or reviewed your security risk analysis and if necessary implemented security updates and corrected identified security deficiencies per the requirements of this measure?**

- Yes
- No

Screen Functionality:

- The screen will display in its entirety upon navigation to this page.

Measure Editing

- Response to the Measure is required.
 - If Measure response is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be ‘Yes’ to meet the MU threshold for this measure.
- If the provider selects ‘No’ and clicks ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider selects no then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.**” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 2: Clinical Decision Support

Unless alternatives are noted, EH must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Objective, and Alt. Measure 1	✓			

Stage 2 in 2015 PY/ 2016 PY All EH

The Measure screen data shown below is for EH who are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU and will be the way the measure should display to all EH who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 2 of 9

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: In order for Eligible Hospitals and CAHs to meet the objective they must satisfy both of the following measures:

Measure 1 – Clinical Decision Support

Implement five clinical decision support interventions related to four or more clinical quality measures (CQM) 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 scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.

Complete the following:

***Have you implemented five clinical decision support interventions related to four or more CQM or other high-priority health conditions for your scope of practice or patient population at a relevant point in patient care for the entire EHR reporting period?**

- Yes
- No

***Provide a brief description of the five clinical decision support interventions you implemented below:**

1.
2.
3.
4.
5.

Measure 2 – Drug interaction checks

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

Complete the following:

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

- Yes
- No

Screen Functionality:

- The screen will display through the entry of the response to Measure 1.
- If Measure 1 is responded to as ‘Yes’ then the table for entry of the additional question for Measure 1 will display and Measure 2 will display.
- If Measure 1 is responded to as ‘No’ then the table for entry of the additional question for Measure 1 will not display and Measure 2 will display.

Measure Editing

- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be ‘Yes’ to meet the MU threshold for Measure 1.
- Response to the additional question for Measure 1 is required if the response entered for Measure 1 is ‘Yes’.
- If Measure 1 response is ‘Yes’ and the additional questions are not responded to for Measure then display the error:
 - “**Response to the Measure additional question /information is required**”
- Response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “**Measure Response is required**”
- The response must be ‘Yes’ to meet the MU threshold for Measure 2.
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks ‘Next’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.**” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Objective and Measure

The screen below displays an alternate objective, along with an alternate measure for Measure 1. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 2 of 9

(*) Red asterisk indicates a required field.

Clinical Decision Support

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

Measure: In order for Eligible Hospitals and CAHs to meet the objective they must satisfy both of the following measures:

Measure 1 - Clinical Decision Support

Implement one clinical decision support rule.

Complete the following:

***Have you implemented a clinical decision support rule relevant to high priority hospital condition along with the ability to track compliance with that rule for the entire EHR reporting period?**

- Yes
- No

*** Provide a brief description of the clinical decision support intervention you implemented below:**

Measure 2 – Drug Interaction Checks

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

Complete the following:

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

S.C. MU Modifications 2015PY/2016 PY

- Yes
- No

Screen Functionality:

- The screen will display through the entry of the response to Measure 1.
- If Measure 1 is responded to as ‘Yes’ then the table for entry of the additional question for Measure 1 will display and Measure 2 will display.
- If Measure 1 is responded to as ‘No’ then the table for entry of the additional question for Measure 1 will not display and Measure 2 will display.

Measure Editing

- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The response must be ‘Yes’ to meet the MU threshold for Measure 1.
- Response to the additional question for Measure 1 is required if the response entered for Measure 1 is ‘Yes’.
- If Measure 1 response is ‘Yes’ and the additional questions are not responded to for Measure 1 then display the error:
 - “Response to the Measure additional question/information is required”
- Response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- The response must be ‘Yes’ to meet the MU threshold for Measure 2.
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider responds ‘No’ to Measure 1 or Measure 2 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 3: CPOE

Unless alternatives are noted, EH must attest to Modified Stage 2 measure:

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Measure 1 Option	✓			
Alt. Exclusion Measure 2	✓	✓		
Alt. Exclusion Measure 3	✓	✓		

Stage 2 EH in 2015 PY and 2016 PY

The Measure screen data shown below is for EH who are attesting to the Program Year 2015 or 2016 and are scheduled to attest Stage 2 MU.

Meaningful Use Objective 3 of 9

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry 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: An eligible hospital or CAH through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:

Complete the following:

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

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

Measure 1 – Medication:

More than 60 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 are recorded using computerized provider order entry.

Complete the following:

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 recorded using CPOE.

*Numerator: *Denominator:

Measure 2 – Laboratory:

More than 30 percent of laboratory 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 computerized provider order entry.

Complete the following:

Denominator: Number of laboratory 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 recorded using CPOE.

*Numerator: *Denominator:

Measure 3 – Radiology:

More than 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 computerized provider order entry.

Complete the following:

Denominator: Number of radiology 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 recorded using CPOE.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the entry of all three measures.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 60% to meet the MU threshold for Measure 1.
- Response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 2.
- Response to Measure 3 is required.
 - If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 30% to meet the MU threshold for measure 3.
- If the provider has a response that is not greater than 60% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries. “
- If the provider has a response that is not greater than 60% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only – Stage 1 EH: Alternate Measure and Exclusions

The screen below displays two measure options for Measure 1 from which an EH may select on which to report, an alternate exclusion for Measure 2 and an alternate exclusion for Measure 3. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 MU.

The example below is if they selected the first option for Measure 1:

Meaningful Use Objective 3 of 9

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry 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: An eligible hospital or CAH through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:

Complete the following:

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

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

Measure 1 – Medication:

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry.

Complete the following:

Denominator: Number of all unique patients with at least one medication in their medication list admitted to the 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 that have at least one medication order entered using CPOE.

*Numerator: *Denominator:

Measure 2 – Laboratory:

More than 30 percent of laboratory 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

Denominator: Number of laboratory 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 recorded using CPOE.

*Numerator: *Denominator:

Measure 3 – Radiology:

More than 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any Provider may claim an exclusion for Measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

Denominator: Number of radiology 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 recorded using CPOE.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the display of the 2 options to select for Measure 1.
- Please note that the screen above is displaying the text that will display if the user chooses the first measure option for Measure 1.
 - The text for the Measure 1 N/D will correspond to this option.
- Once the selection is made for Measure 1, then Measure 1 through the Measure 2 alternate exclusion will be displayed.
- If the alternate exclusion for Measure 2 is responded to as 'Yes' then display the measure text and the alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 2 is responded to as 'No' then display the Measure 2 response entry and measure text and the alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 3 is responded to as 'Yes' then if editing is passed allow the provider to move to the next measure.
- If the alternate exclusion for Measure 3 is responded to as 'No' then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - "Patient records selection is required"
- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - "Measure Response is required"
- The calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 1.
- A response for the alternate exclusion for Measure 2 is required; if it is not responded to then display the error:
 - "Response to Exclusion is required"
- If no exclusions are claimed, then response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - "Measure Response is required"
- If the exclusion is not taken, the calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 2.
- If the alternate Exclusion for Measure 3 is not responded to then display the error:
 - "Response to the Exclusion is required"
- If no exclusions are claimed, then response to Measure 3 is required.
 - If Measure 3 is left blank then display an error of:
 - "Measure Response is required"
- If the exclusion is not taken, the calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 3.

- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries. “
- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

The example below is if the EH selected the second option for Measure 1:

Meaningful Use Objective 3 of 9

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry 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: An eligible hospital or CAH through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:

Complete the following:

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

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

Measure 1 – Medication:

Please select the measure for which you are reporting:

- More than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; or
- More than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

Complete the following:

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 recorded using CPOE.

*Numerator: *Denominator:

Measure 2 – Laboratory:

More than 30 percent of laboratory 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for Measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

Denominator: Number of laboratory 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 recorded using CPOE.

*Numerator: *Denominator:

Measure 3 – Radiology:

More than 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for Measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

Denominator: Number of radiology 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 recorded using CPOE.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the display of the 2 options to select for Measure 1.
- Please note that the screen above is displaying the text that will display if the user chooses the 2nd measure option for Measure 1.
 - The text for the Measure 2 N/D will correspond to this option.
- Once the selection is made for Measure 1 then Measure 1 through the Measure 2 alternate exclusion will be displayed.
- If the alternate exclusion for Measure 2 is responded to as 'Yes' then display the measure text and the alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 2 is responded to as 'No' then display the Measure 2 response entry and the measure text and alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 3 is responded to as 'Yes' then if editing is passed allow the provider to move to the next measure.
- If the alternate exclusion for Measure 3 is responded to as 'No' then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - "Patient records selection is required"
- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - "Measure Response is required"
- The calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 1.
- A response for the alternate exclusion for Measure 2 is required; if it is not responded to then display the error:
 - "Response to Exclusion is required"
- If no exclusions are claimed, then response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - "Measure Response is required"
- The calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 2.
- If the alternate exclusion for Measure 3 is not responded to then display the error:
 - "Response to Exclusion is required"
- If no exclusions are claimed, then response to Measure 3 is required.
 - If Measure 3 is left blank then display an error of:
 - "Measure Response is required"
- The calculated N/D must be 'greater than' 30% to meet the MU threshold for Measure 3.

- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks 'Save' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks 'Next' then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2016 PY Only - Stage 1 EH: Alternate Exclusion Options

The screen below displays an alternate exclusion for Measure 2 and an alternate exclusion for Measure 3. This version of the screen will only be shown if the Program Year being attested is 2016 and the EH is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 3 of 9

(*) Red asterisk indicates a required field.

Computerized Provider Order Entry (CPOE)

Objective: Use computerized provider order entry 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: An eligible hospital or CAH through a combination of meeting the thresholds and exclusions (or both) must satisfy all three measures for this objective listed below:

Complete the following:

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

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

Measure 1 – Medication:

More than 60 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 are recorded using computerized provider order entry.

Complete the following:

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 recorded using CPOE.

*Numerator: *Denominator:

Measure 2 – Laboratory:

More than 30 percent of laboratory 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for Measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

Denominator: Number of laboratory 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 recorded using CPOE.

*Numerator: *Denominator:

Measure 3 – Radiology:

More than 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 computerized provider order entry.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for Measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 who is scheduled to report Stage 1 meaningful use.

*Do you want to claim the alternate exclusion for Measure 3?

- Yes
- No

Denominator: Number of radiology 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 recorded using CPOE.

*Numerator:

*Denominator:

Screen Functionality:

- The screen will initially display through the display of Measure 1 through the entry of the exclusion for Measure 2.
- If the alternate exclusion for Measure 2 is responded to as ‘Yes’ then display the measure text and the alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry and measure text and the alternate exclusion for Measure 3.
- If the alternate exclusion for Measure 3 is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next measure.
- If the alternate exclusion for Measure 3 is responded to as ‘No’ then display the Measure 3 response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 60% to meet the MU threshold for Measure 1.
- A response for the alternate exclusion for Measure 2 is required, if it is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 2.
- If the alternate exclusion for Measure 3 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to Measure 3 is required.
 - If Measure 3 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 30% to meet the MU threshold for Measure 3.

- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries. “
- If the provider has not claimed an exclusion and has a response that is not greater than 30% for Measure 1, not greater than 30% for Measure 2, or not greater than 30% for Measure 3 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 4: Electronic Prescribing

Unless alternatives are noted, EH must attest to Modified Stage 2 measure:

	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Exclusion	✓	✓	✓	✓

2015PY & 2016PY - All EH: Alternate Exclusion Option

The screen below displays an additional alternate exclusion option. This version of the screen will be shown if the Program Year selected is 2015 or 2016 for any scheduled Stage of MU.

Meaningful Use Objective 4 of 9

(*) Red asterisk indicates a required field.

Electronic Prescribing

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

Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

Complete the following:

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

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

Exclusion: Any eligible hospital or CAH that 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.

*Do you want to claim this exclusion?

- Yes
- No

Alternate Exclusion: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 or 2016 they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015 or 2016.

*Do you want to claim this alternate exclusion?

- Yes
- No

Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed 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 do you use?

*Name a pharmacy that you transmit to:

Screen Functionality:

- The screen will initially display through the first exclusion.
- If the first exclusion is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next page.
- If the first exclusion is responded to as ‘No’ then display the alternate exclusion.
- If the alternate exclusion is responded to as ‘Yes’ then if editing is passed allow the provider to move to the next page.
- If the alternate exclusion is responded to as ‘No’ then display the measure response entry and the 2 additional questions below.
 - *Which eRx service do you use?

- *Name a pharmacy that you transmit to:

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the first exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion is ‘No’ and the alternate exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the measure is responded to and if one or both of the additional questions are not responded to then display the error:
 - “Response to the Measure additional question/information is required”
- If the exclusion is not taken, the calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the measure then provide a warning popup message that states,

- “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 5: Health Information Exchange

Unless alternatives are noted, EH must attest to Modified Stage 2 measure:

	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Exclusion	✓			

Stage 2 EH in 2015 / All EH in 2016

The Measure screen data shown below is for EH that are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU, and will be the way the measure should display to all EH that are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 5 of 9

(*) Red asterisk indicates a required field.

Health Information Exchange

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: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

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 created using CEHRT and exchanged electronically.

*Numerator:

*Denominator:

Screen Functionality:

- The screen will initially display all content.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- Response to the measure is required.
 - If the Measure response is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider has a response that is not greater than 10% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider has a response that is not greater than 10% for the measure then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion Option

The screen below displays an alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 MU.

Meaningful Use Objective 5 of 9

(*) Red asterisk indicates a required field.

Health Information Exchange

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: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must -- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.

Complete the following:

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

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

Alternate Exclusion: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

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 created using CEHRT and exchanged electronically.

*Numerator:

*Denominator:

Screen Functionality:

- The screen will initially display through the alternate exclusion.
- If the alternate exclusion is responded to as ‘Yes’, then if editing is passed allow the user to continue to the next screen.
- If the alternate exclusion is responded to as ‘No’ then display the measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the alternate exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusion is claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the alternate exclusion is not taken, the calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the measure then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 6: Patient-Specific Education

Unless alternatives are noted, EH must attest to Modified Stage 2 measure.

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EH in 2015 / All EH in 2016

The Measure screen data shown below is for EH that are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU and will be the way the measure should display to all EH who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 6 of 9

(*) Red asterisk indicates a required field.

Patient-Specific Education

Objective: Use clinically relevant information from CEHRT 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 department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources identified by CEHRT.

Complete the following:

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

Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display in its entirety upon entry

Measure Editing

- Response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “**Measure Response is required**”
- The calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure.
- If the provider has a response that is not greater than 10% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective. Please review your entries.**”
- If the provider has a response that is not greater than 10% for the Measure then provide a warning popup message that states,
 - “**Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.**” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion Option

The screen below displays an alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 6 of 9

(*) Red asterisk indicates a required field.

Patient Specific Education

Objective: Use clinically relevant information from CEHRT 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 department (POS 21 or 23) are provided patient specific education resources identified by CEHRT.

Complete the following:

Alternate Exclusion: Any provider may claim an exclusion for the measure of the Stage 2 Patient-Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.

*Do you want to claim the alternate exclusion?

- Yes
- No

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

Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the alternate exclusion.
- If the alternate exclusion is responded to as ‘Yes’ and editing is passed allow the provider to move to the next page.
- If the alternate exclusion is responded to as ‘No’ then display the measure response entry.

Measure Editing

- If the alternate exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the provider does not claim the alternate exclusion, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the alternate exclusion is not taken, the calculated N/D must be ‘greater than’ 10% to meet the MU threshold for the measure
- If the provider does not claim the alternate exclusion and has a response that is not greater than 10% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not greater than 10% for the Measure then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 7: Medication Reconciliation

Unless alternatives are noted, EH must attest to Modified Stage 2 measure.

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EH in 2015 / All EH in 2016

The Measure screen data shown below is for EH that are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU and will be the way the measure should display to all EH who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 7 of 9

(*) Red asterisk indicates a required field.

Medication Reconciliation

Objective: The eligible hospital or CAH that 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Complete the following:

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

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

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:

Screen Functionality:

- The screen will initially display in its entirety upon navigation to this page.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- Response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 50% to meet the MU threshold for the measure
- If the provider has a response that is not greater than 50% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider has a response that is not greater than 50% for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion Option

The screen below displays an additional alternate exclusion option. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 7 of 9

(*) Red asterisk indicates a required field.

Medication Reconciliation

Objective: The eligible hospital or CAH that 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 admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).

Complete the following:

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

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

Alternate Exclusion: Any Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.

*Do you want to claim the alternate exclusion?

- Yes
- No

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:

Screen Functionality:

- The screen will initially display through the alternate exclusion.
- If the alternate exclusion is responded to as ‘Yes’ and if editing is passed allow the provider to move to the next page.
- If the alternate exclusion is responded to as ‘No’ then display the Measure response entry.

Measure Editing

- If the Patient Records selection is not responded to then display the error:
 - “Patient records selection is required”
- If the alternate exclusion is not responded to then display the error:
 - “Response to Exclusion is required”
- If the alternate exclusion is not claimed, then response to the measure is required.
 - If the measure response is left blank then display an error of:
 - “Measure Response is required”
- If the alternate exclusion is not taken, the calculated N/D must be ‘greater than’ 50% to meet the MU threshold for the measure
- If the provider does not claim the alternate exclusion and has a response that is not greater than 50% for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim the alternate exclusion and has a response that is not greater than 50% for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 8: Patient Electronic Access (View, Download, Transmit)

Unless alternatives are noted, EH must attest to Modified Stage 2 measure.

Alt. Options for Attestation	Stage 1		Stage 2	
	2015	2016	2015	2016
Alt. Exclusion	✓			

Stage 2 EH in 2015 and 2016 All EH

The Measure screen data shown below is for EH that are attesting to the Program Year 2015 and are scheduled to report Stage 2 MU and will be the way the measure should display to all EH who are attesting to Program Year 2016 despite their scheduled MU Stage.

Meaningful Use Objective 8 of 9

(*) Red asterisk indicates a required field.

Patient Electronic Access (VDT)

Objective: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

Measure: An eligible hospital and CAH through a combination of meeting the thresholds and exclusions (or both) must satisfy both measures for this objective listed below:

Measure 1 – Provide timely online access to health information

More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.

Complete the following:

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 who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH.

*Numerator: *Denominator:

Measure 2 – Patient Accessed health information:

For the EHR reporting period, at least 1 patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Complete the following:

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 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may be excluded from the second measure.

*Do you want to claim the exclusion for Measure 2?

- Yes
- No

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 (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the entry of the exclusion for Measure 2.
- If the exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed.
- If the exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry.

Measure Editing

- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 50% to meet the MU threshold for Measure 1.
- If the exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the exclusion is not taken, then Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If the exclusion is not taken, the numerator must be equal to or greater than ‘1’ to meet the MU threshold for Measure 2.
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion Option

The screen below displays an alternate exclusion option for Measure 2. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 8 of 9

(*) Red asterisk indicates a required field.

Patient Electronic Access (VDT)

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

Measure: In order for eligible hospitals, and CAHs to meet the objective they must satisfy all of the following measures and/or exclusions below:

Measure 1 – Provide timely online access to health information:

More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.

Complete the following:

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

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

*Numerator: *Denominator:

Measure 2 – Patient Accessed health information:

For the EHR reporting period, at least 1 patient (or patient-authorized representative) who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH views, downloads, or transmits to a third party his or her information during the EHR reporting period.

Complete the following:

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 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may be excluded from the second measure.

*Do you want to claim this exclusion for Measure 2?

- Yes
- No

Alternate Exclusion: Any Provider may claim an exclusion for Measure 2 if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.

*Do you want to claim the alternate exclusion for Measure 2?

- Yes
- No

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 (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information.

*Numerator: *Denominator:

Screen Functionality:

- The screen will initially display through the entry of the first exclusion for Measure 2.
- If the first exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed.
- If the first exclusion for Measure 2 is responded to as ‘No’ then display the alternate exclusion.
- If the alternate exclusion for Measure 2 is responded to as ‘Yes’ then entry for Measure 2 will not be displayed.
- If the alternate exclusion for Measure 2 is responded to as ‘No’ then display the Measure 2 response entry.

Measure Editing

- Response to Measure 1 is required.
 - If Measure 1 is left blank then display an error of:
 - “Measure Response is required”
- The calculated N/D must be ‘greater than’ 50% to meet the MU threshold for measure 1.
- If the first exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If the first exclusion is responded to as ‘No’ and if the alternate exclusion for Measure 2 is not responded to then display the error:
 - “Response to Exclusion is required”
- If no exclusions are taken, then Measure 2 is required.
 - If Measure 2 is left blank then display an error of:
 - “Measure Response is required”
- If an exclusion is not taken, the numerator must be equal to or greater than ‘1’ to meet the MU threshold for Measure 2.
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a calculated response for more than 50% for Measure 1 and/or has a numerator less than ‘1’ for Measure 2 and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:

- OK – move to the next measure
- Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 9: Public Health Reporting

Unless alternatives are noted, EH must attest to Modified Stage 2 measure.

Alt. Options for Attestation	Stage 1		Stage 2	
	2015 PY	2016 PY	2015 PY	2016 PY
Alt. Exclusion Measure 1	✓			
Alt. Exclusion Measure 2	✓			
Alt. Exclusion Measure 3	✓		✓	
Alt. Exclusion Measure 4	✓			
Attest to 2 PH Measures that can be met	✓			

Stage 2 EH in 2015 and 2016 All EH – Measure Selection

The Measure screen Instructions and Selection data shown below is for EH that are scheduled to report to Stage 2 MU in Program Year 2015 or if the Program Year 2016 is selected then any EH despite their MU Stage will view and respond to the following measures.

Meaningful Use Objective 9 of 9

Public Health Reporting:

The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Public Health Measure Selection

Measure Reporting Instructions:

EH must report on a total of three (3) Public Health Measures to meet the measure for meaningful use. Exclusions cannot be used to count towards meeting the required three (3) measures. This means that beginning in 2015, and EH/CAH would need to:

- Attest to THREE total Public Health Measures for which the EH/CAH can meet the measure successfully;
- Attest to Measure 3 for Specialized Registry Reporting if the EH/CAH reports to THREE or more different specialized registries; OR
- Attest to all four (4) Public Health Measures, counting exclusions

Please select the Public Health Measures for which you are attesting according to the following guidelines:

1. If you are attesting to meet three (3) Public Health Measures without claiming an exclusion, you may select the three (3) total Public Health Measures from the list below.

2. If you are attesting to Public Health Measure 3 and are reporting to at least three (3) different specialized registries, you may select just the one (1) Public Health Measure from the list below.
3. If you are attesting to Public Health Measure 3 (Specialized Registry) and you are reporting to less than three (3) different specialized registries then you must select additional public health measures until you meet the requirement for meeting three (3) public health measures.
4. If you cannot meet at least three (3) of the Public Health Measures below without claiming an exclusion then you must select all four (4) of the Public Health Measures below or click the 'Select All' link below and attest to either meeting the measure or the exclusion of the measure for all four (4) Public Health Measures below.

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

Select Public Health and Clinical Data Registry (CDR) Reporting Measures

- Measure 9-1 Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.
- Measure 9-2 Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- Measure 9-3 Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.
- Measure 9-4 Electronic Reportable Lab Results: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

Screen Functionality:

- The EH/CAH will be required to select at least 3 PH measures in order to move forward to the next screen unless the user has selected Measure 3 which may count towards meeting up to 3 measures.
- Allow the EH/CAH to proceed to the next screen if they made one selection and it was public health Measure 3.
- Allow the EH/CAH to proceed to the next screen if they selected two public health measures and one of the measures selected was public health Measure 3.
- If the EH/CAH selected more than 2 measures to report allow them to continue to the next screen.
- The measure screens below should be displayed according to the selection made by the EH/CAH such as what occurred with the Menu Measure functionality.

Measure Editing

- If there are no selections made or if less than 3 measures are selected and that selection does not include Measure 3 then display the error message below:
 - **“Please review the instructions and correct your selection.”**

Navigation Buttons:

- Select All – Clicking this link will select all the public health measures
- De-Select All - Clicking this link will un-select all the public health measures
- Previous – Takes the user to the previous page
- Save and Continue – Saves the data entered by the user and takes the user to the next measure

2015 PY Only - Stage 1 EH – Measure Selection

The screen below displays different selection criteria required for attesting to the Public Health Measure. This version of the screen will only be shown if the Program Year being attested is 2015 and the EH is scheduled to attest to Stage 1 Meaningful Use.

Meaningful Use Objective 9 of 9

Public Health Reporting:

The eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.

Public Health Reporting Measure Selection

Measure Reporting Instructions:

EH must report on a total of two (2) Public Health Measures to meet the Measure for meaningful use. Exclusions cannot be used to count towards meeting the required two (2) measures. This means that beginning in 2015, an EH/CAH would need to:

- Attest to TWO total Public Health Measures for which the EH/CAH can meet the measure successfully;
- Attest to only Public Health Measure 3 for Specialized Registry Reporting if the EH/CAH reports to TWO or more different specialized registries; OR
- Attest to all four (4) Public Health Measures, counting exclusions

Please select the Public Health Measures for which you are attesting according to the following guidelines:

1. If you are attesting to meet two (2) Public Health Measures without claiming an exclusion, you may select the two (2) total Public Health Measures from the list below.
2. If you are attesting to Public Health Measure 3 and are reporting to at least two (2) different specialized registries, you may select just the one (1) Public Health Measure from the list below.
3. If you cannot meet at least two (2) of the Public Health Measures below without claiming an exclusion then you must select all four (4) of the Public Health Measures below or click the ‘Select All’ link below and attest to either meeting the measure or the exclusion of the measure for all four (4) Public Health Measures below.

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

Select Public Health and Clinical Data Registry (CDR) Reporting Measures

- Measure 9-1 Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.
- Measure 9-2 Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.
- Measure 9-3 Specialized Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit data to a specialized registry.
- Measure 9-4 Electronic Reportable Lab Results: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

Screen Functionality:

- The EH/CAH will be required to select at least 2 PH measures in order to move forward to the next page unless the user has only selected Measure 3.
- Allow the EH/CAH to proceed to the next screen if they made one selection and it was Measure 3.
- The measure screens below should be displayed according to the selection made by the EH/CAH such as what occurred with the Menu Measure functionality.

Measure Editing

- If there are no selections made or if less than 2 measures are selected and that selection does not include Measure 3 then display the error message below:
 - “Please review the instructions and correct your selection.”

Navigation Buttons:

- Select All – Clicking this link will select all the public health measures
- De-Select All - Clicking this link will un-select all the public health measures
- Previous – Takes the user to the previous page
- Save and Continue – Saves the data entered by the user and takes the user to the next measure

Objective 9: Meaningful Use Measure 9-1 Immunization Registry Reporting

Stage 2 EH in 2015 / All EH in 2016

The version of the screen below will be shown if the Program Year selected is 2015 for a Stage 2 EH, and 2016 for any scheduled Stage of Meaningful Use.

Meaningful Use Measure 9-1

(*) Red asterisk indicates a required field.

Immunization Registry Reporting

Measure 9-1: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not administer any 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 may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes

- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit immunization data?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1–Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH’s registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects 'No' to Exclusion 3 then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusion 1, 2, and 3 is 'No'.
- If the measure is left blank then display an error of:
 - “Measure response is required”
- Response to additional questions is required if the response to the measure is 'Yes.'

- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the measure additional question/information is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion

The version of the screen below will be shown if the Program Year selected is 2015 and the EH/CAH is scheduled to report Stage 1 MU.

Meaningful Use Measure 9-1

(* Red asterisk indicates a required field.)

Immunization Registry Reporting

Measure 9-1: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not administer any 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 may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

Alternate Exclusion: An EH/CAH may claim an exclusion for the Stage 2 Immunization Registry Reporting Measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Immunization Registry Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit immunization data?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation.

- **Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or the CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the alternate exclusion.
- If the EH /CAH selects ‘Yes’ to the alternate exclusion then do not display the measure entry.
- If the EH /CAH selects ‘No’ to the alternate exclusion then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’.

- If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate exclusion is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the Measure additional question is required”
- If the exclusion is not taken, the Measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 9: Meaningful Use Measure 9-2 Syndromic Surveillance Reporting

Stage 2 EH in 2015 / All EH in 2016

The version of the screen below will be shown if the Program Year selected is 2015 for a Stage 2 EH, and 2016 for any scheduled Stage of Meaningful Use.

Meaningful Use Measure 9-2

(*) Red asterisk indicates a required field.

Syndromic Surveillance Reporting

Measure 9-2: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not have an emergency or urgent care department may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit syndromic surveillance data from an emergency or urgent care department?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects 'Yes' to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects 'No' to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects 'Yes' to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects 'No' to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects 'Yes' to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects 'No' to Exclusion 3 then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is 'No'.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is 'No'.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects 'Yes' to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusion 1, 2, and 3 is 'No'.
- If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional question is required if the response to the measure is 'Yes'.

- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the Measure additional question is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the Measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion

The version of the screen below will be shown if the Program Year selected is 2015 and the EH/CAH is scheduled to report Stage 1 of MU.

Meaningful Use Measure 9-2

(*) Red asterisk indicates a required field.

Syndromic Surveillance Reporting

Measure 9-2: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not have an emergency or urgent care department may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from

eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

Alternate Exclusion: An EH/CAH may claim an exclusion for the Stage 2 Syndromic Surveillance Reporting if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Syndromic Surveillance Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit syndromic surveillance data from an emergency or urgent care department?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible

hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the alternate exclusion.
- If the EH /CAH selects ‘Yes’ to the alternate exclusion then do not display the measure entry.
- If the EH /CAH selects ‘No’ to the alternate exclusion then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’.

- If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate exclusion is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional question is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the measure additional question is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 9: Meaningful Use Measure 9-3 Specialized Registry Reporting

2016 PY All EH/CAH

The version of the screen below will be shown if the Program Year selected is 2016 for any scheduled Stage of Meaningful Use.

Meaningful Use Measure 9-3

(*) Red asterisk indicates a required field.

Specialized Registry Reporting

Measure 9-3: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes

- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

*** Is the eligible hospital or CAH actively engaged to submit data to a public health registry or registries?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many specialized registries to which you are actively engaged to submit data:

- 1
- 2

*Please list the names of those specialized registries:

1.

2.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the measure entry and additional questions.
- If the EH /CAH selects 1 for the 2nd additional question [to identify specialized registry(ies)] then only display 1 entry box to allow the EH /CAH to list the name of the specialized registry.
- If the EH /CAH selects 2 or more for the 2nd additional question then display 2 entry boxes to allow the EH /CAH to list the names of the specialized registries.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”

- Response to the measure is required if the response to Exclusion 1, 2, and 3 is ‘No’.
- If the measure is left blank then display an error of:
 - “Measure response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional questions are not responded to then display the error:
 - “Response to the measure additional questions is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - All EH/CAH: Alternate Exclusion

The version of the screen below will be shown if the Program Years selected is 2015 for any scheduled Stage of Meaningful Use.

Meaningful Use Measure 9-3

(* Red asterisk indicates a required field.)

Specialized Registry Reporting

Measure 9-3: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

Alternate Exclusion: An EH/CAH may claim an exclusion for the Stage 2 Specialized Registry Reporting if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Specialized Registry Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

***Is the eligible hospital or CAH actively engaged to submit data to a specialized registry(ies)?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible

hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

*Please select how many specialized registries to which you are actively engaged to submit data:

- 1
- 2

*Please list the names of those specialized registries:

1.

2.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the alternate exclusion.
- If the EH /CAH selects ‘Yes’ to the alternate exclusion then do not display the measure entry.
- If the EH /CAH selects ‘No’ to the alternate exclusion then display the measure entry and the first 2 additional questions.
- If the EH /CAH selects 1 for the 2nd additional question (to list specialized registries) then only display 1 entry box to allow the EH /CAH to list the name of the specialized registry.
- If the EH /CAH selects 2 or more for the 2nd additional question then display 2 entry boxes to allow the EH /CAH to list the names of the specialized registries.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”

- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’
 - If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH/CAH selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- If the EH/CAH selects ‘Yes’ to the alternate exclusion and has selected the alternate exclusions on public health measures 1, 2, and 3 as well, then display error message and do not allow them to continue to the next screen.
 - “The Alternate Exclusion may not be claimed on all 4 public health measures. The EH/CAH must meet the measure Exclusion 1, 2 or 3 for at least 2 public health measures. Please identify 2 public health measures for which you can meet the Exclusion 1, 2, or 3 and update your responses in order to continue with your attestation.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate exclusion is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure Response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.
- If the measure is responded to and the additional questions are not responded to then display the error:
 - “Response to the Measure additional questions is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select

"Cancel" and correct your data entries as applicable." They will have 2 selection button options:

- OK – move to the next measure
- Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

Objective 9: Meaningful Use Measure 9-4 Electronic Reportable Lab Results

Stage 2 EH in 2015 / All EH in 2016

The version of the screen below will be shown if the Program Year selected is 2015 and the EH/CAH is scheduled to report Stage 2 MU or if the Program Year selected is 2016 for any scheduled Stage of Meaningful Use.

Meaningful Use Measure 9-4

(*) Red asterisk indicates a required field.

Electronic Reportable Lab Results

Measure 9-4: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes

- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no public health agency is capable of receiving accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit electronic reportable laboratory results?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusion 1, 2, and 3 is ‘No’.
- If the measure is left blank then display an error of:
 - “Measure response is required”
- Response to additional questions is required if the response to the measure is ‘Yes’.

- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the measure additional question is required”
- If the exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure.
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

2015 PY Only - Stage 1 EH: Alternate Exclusion

The version of the screen below will be shown if the Program Year selected is 2015 and the EH/CAH is scheduled to report Stage 1 of MU.

Meaningful Use Measure 9-4

(*) Red asterisk indicates a required field.

Electronic Reportable Lab Results

Measure 9-4: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

The term "active engagement" may be demonstrated by any of the following options:

- Active Engagement Option 1 - Completed Registration to Submit Data: The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.
- Active Engagement Option 2 - Testing and Validation: The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- Active Engagement Option 3 - Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Complete the following:

Exclusion 1: Any eligible hospital or CAH who does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 1?

- Yes
- No

Exclusion 2: Any eligible hospital or CAH who operates in a jurisdiction for which no public health agency is capable of receiving accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 2?

- Yes
- No

Exclusion 3: Any eligible hospital or CAH who operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period may be excluded from the measure.

*Do you want to claim Exclusion 3?

- Yes
- No

Alternate Exclusion: An EH/CAH may claim an exclusion for the Stage 2 Electronic Lab Reporting if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Electronic Lab Reporting Measure.

*Do you want to claim the alternate exclusion?

- Yes
- No

***Is the eligible hospital or CAH actively engaged with a public health agency to submit electronic reportable laboratory results?**

- Yes
- No

*Please indicate the active engagement option that best describes how you met the measure:

- Active Engagement Option 1 - Completed Registration to Submit Data:** The eligible hospital or CAH has registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted. The eligible hospital or CAH's registration was completed within 60 days after the start of the EHR reporting period and the eligible hospital or CAH is awaiting an invitation from the PHA to begin testing and validation. Eligible

hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

- **Active Engagement Option 2 - Testing and Validation:** The eligible hospital or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA within 30 days or, where applicable, the CDR; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.
- **Active Engagement Option 3 - Production:** The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Screen Functionality:

- Display screen through Exclusion 1 upon the EH /CAH initially navigating to this measure from the selection screen.
- If the EH /CAH selects ‘Yes’ to Exclusion 1 then do not display Exclusion 2, 3 nor the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 1 then display Exclusion 2.
- If the EH /CAH selects ‘Yes’ to Exclusion 2 do not display Exclusion 3 or measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 2 then display Exclusion 3.
- If the EH /CAH selects ‘Yes’ to Exclusion 3 then do not display the measure entry.
- If the EH /CAH selects ‘No’ to Exclusion 3 then display the alternate exclusion.
- If the EH /CAH selects ‘Yes’ to the alternate exclusion then do not display the measure entry.
- If the EH /CAH selects ‘No’ to the alternate exclusion then display the measure entry and additional question.

Measure Editing

- Response to Exclusion 1 is required.
 - If Exclusion 1 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 1 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 2 is required if the response to Exclusion 1 is ‘No’.
 - If Exclusion 2 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 2 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to Exclusion 3 is required if the response to Exclusion 1 and 2 is ‘No’.
 - If Exclusion 3 is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to Exclusion 3 and has not selected all PH measures to report then display error message and do not allow them to continue to the next screen.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the alternate exclusion is required if the response to Exclusion 1, 2, and 3 is ‘No’.

- If the alternate exclusion is left blank then display an error of:
 - “Response to Exclusion is required”
- If the EH /CAH selects ‘Yes’ to the alternate exclusion and has not selected all PH measures to report then display error message and do not allow them to continue to the next page.
 - “If an exclusion needs to be claimed please return to the Selection screen, review the instructions and correct your measure selection.”
- Response to the measure is required if the response to Exclusions 1, 2, 3, and the alternate exclusion is ‘No’.
 - If the measure is left blank then display an error of:
 - “Measure response is required”
- Response to additional questions is required if the response to the measure is ‘Yes.’
- If the measure is responded to and the additional question is not responded to then display the error:
 - “Response to the measure additional question is required”
- If an exclusion is not taken, the measure response must be ‘Yes’ to meet the MU threshold for the measure
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Save’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective. Please review your entries.”
- If the provider does not claim an exclusion and has a response that is not ‘Yes’ for the measure and clicks ‘Next’ then provide a warning popup message that states,
 - “Your data entries indicate you have not met the measure for this objective; please review. If your data entries are correct, please select "OK" to continue to the next MU objective screen. If your data entries are not correct, please select "Cancel" and correct your data entries as applicable.” They will have 2 selection button options:
 - OK – move to the next measure
 - Cancel – stay on the current page

Navigation Buttons:

Previous – Takes the user to the previous page

Next – Saves the data entered by the user and takes the user to the next measure

Save – Saves the data entered by the user

Cancel – Clears the data entered by the user

S.C. SLR Administrative Application - Transfer Queue

As providers transfer to the S.C. Medicaid EHR Incentive Program, new options for navigation selection by SCDHHS will have to be added:

- “Stage 1, Year 1” Option
 - This selection option will be selected for EP who have transferred and are scheduled to report Stage 1 MU and this is their first year reporting MU. The EHR reporting period will be 90 days.
- “Stage 1, > Year 1” Option
 - This selection option will be selected for EP who have transferred and are scheduled to report Stage 1 MU and this is not their first year reporting MU, the EHR reporting period will be determined by S.C. SLR logic from the Program year selected by the provider during attestation.
- “Stage 2” Option
 - This selection option will be selected for EP who have transferred and are scheduled to report Stage 2 MU and this is not their first year reporting MU; the EHR reporting period will be determined by S.C. SLR logic from the Program Year selected by the provider during attestation.
- “Stage 3” Option
 - This selection option will be selected for EP who have transferred and are scheduled to report Stage 2 MU and this is not their first year reporting MU; the EHR reporting period will be determined by S.C. SLR logic from the Program Year selected by the provider during attestation.

Medicaid MU Data Display for S.C. SLR Administrative Application

The summary pages existing now under the Medicaid MU Data left navigation link in the SCDHHS S.C. SLR administrative application will stay in place for prior years, but the view will need to be altered for the 2015 PY and forward.

- The initial screen, instead of “Core Meaningful Use Measures,” will be titled “Meaningful Use Measures.”
- The pages will list the 10 Meaningful Use objectives and measures (including showing those measures selected for Public Health Reporting), as well as the CQM as presently shown for 2014.