



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

South Dakota Medicaid EHR Incentive Payment Program

Eligible Hospitals Meaningful Use Stage 1

User Guide

10/23/12

TABLE OF CONTENTS

1.	Welcome Page: Account Creation	4
1.2	Log In	5
1.3	Forgot Password.....	5
2.	Registration Confirmation.....	6
3.	Eligibility	8
3.1	Critical Access Hospital	9
3.2	Children’s Hospitals	10
4.	EHR Use.....	11
5.	Requirements for Meaningful Use Measures for EHs.....	12
5.1	Topics for Meaningful Use	13
5.2	Summary of Meaningful Use Info.....	14
6.	Topics for Meaningful Use	15
6.1	Meaningful Use Core Measure 1 Screen	16
6.2	Meaningful Use Core Measure 2 Screen	17
6.3	Meaningful Use Core Measure 3 Screen	18
6.4	Meaningful Use Core Measure 4 Screen	19
6.5	Meaningful Use Core Measure 5 Screen	20
6.6	Meaningful Use Core Measure 6 Screen	21
6.7	Meaningful Use Core Measure 7 Screen	22
6.8	Meaningful Use Core Measure 8 Screen	23
6.9	Meaningful Use Core Measure 9 Screen	24
6.10	Meaningful Use Core Measure 10 Screen	25
6.11	Meaningful Use Core Measure 11 Screen	26
6.12	Meaningful Use Core Measure 12 Screen	27
6.13	Meaningful Use Core Measure 13 Screen	28
6.14	Meaningful Use Core Measure 14 Screen	29
6.15	Summary of Measures - Meaningful Use Core Measure	30
6.16	Topics of Meaningful Use.....	32
6.17	Meaningful Use Menu Measures Selection Screen	33
6.17.1	Meaningful Use Menu Measure 1 Screen (Public Health)	34
6.17.2	Meaningful Use Menu Measure 2 Screen (Public Health)	35
6.17.3	Meaningful Use Menu Measure 3 Screen (Public Health)	36
6.17.4	Meaningful Use Menu Measure 4 Screen.....	37
6.17.5	Meaningful Use Menu Measure 5 Screen.....	38
6.17.6	Meaningful Use Menu Measure 6 Screen.....	39
6.17.7	Meaningful Use Menu Measure 7 Screen.....	40
6.17.8	Meaningful Use Menu Measure 8 Screen.....	41
6.17.9	Meaningful Use Menu Measure 9 Screen.....	42
6.17.10	Meaningful Use Menu Measure 10 Screen	43
6.17.11	Summary of Measures - Meaningful Use Menu Measures.....	44
6.18	Topics of Meaningful Use	45
7.1	Clinical Quality Measure 1 Screen	46

7.2	Clinical Quality Measure 2 Screen	47
7.3	Clinical Quality Measure 3 Screen	48
7.4	Clinical Quality Measure 4 Screen	49
7.5	Clinical Quality Measure 5 Screen	50
7.6	Clinical Quality Measure 6 Screen	51
7.7	Clinical Quality Measure 7 Screen	52
7.8	Clinical Quality Measure 8 Screen	53
7.9	Clinical Quality Measure 9 Screen	54
7.10	Clinical Quality Measure 10 Screen	55
7.11	Clinical Quality Measure 11 Screen	56
7.12	Clinical Quality Measure 12 Screen	57
7.13	Clinical Quality Measure 13 Screen	58
7.14	Clinical Quality Measure 14 Screen	59
7.15	Clinical Quality Measure 15 Screen	60
7.16	Summary of Measures – Core Clinical Quality Measures	61
7.17	Topics of Meaningful Use.....	63
8.	Attestation	64
9.	Payment Details	66
10.	Issue Submission	67

South Dakota Medicaid EHR Incentive Payment Program Steps for Eligible Hospitals

Eligible hospital types include critical access and acute care hospitals with an average length of stay of 25 days or fewer and a CMS Certification Number (CCN) of 0001-0879, 1300-1399. In addition, children's hospital with a CCN of 3300-3399 are an eligible hospital type.

1. Welcome Page: Account creation

South Dakota Medical EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria can receive payments.

[Requirements for Eligible professionals](#)

[Requirements for Eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive program to receive incentive payments.

Log in

Username
Password
Sign in
Forgot Password?

New to SD Medicaid Portal?

Create an Account

Enter NPI and CMS
registration ID →

Select Submit →

Create a South Dakota Medicaid Incentive Payment Program Account

In order to create a new account, the Eligible Professional (EP) or Eligible Hospital (EH) must have already registered with the CMS Registration and Attestation Website. If you have not registered with CMS, please do so here [CMS registration website](#).

Please use the same NPI number used when registering with CMS

Note: There is a 24 hour delay between registration with CMS and ability to create SD registration portal account.

Provider Registration

Please enter NPI & CMS Registration ID and Click on Submit.

NPI
1234567890

CMS Registration ID
98765432

Submit Reset

Username
Password
Confirm Password
Create Reset Cancel

Create username, password and confirm

Applying for incentive payments:

- ▶ Enter the URL for the South Dakota Medicaid EHR Incentive Program website into your browser <https://www.sdmedicaidehr.com>
- ▶ First time users, create an account entering the NPI and CMS registration ID. Then create a User name and password
- ▶ Log in with a user name and password
- ▶ Note: Providers must first register at CMS registration and attestation system. Providers must allow 1-2 business days to log in to the SD Medicaid provider portal after initially registering with CMS at <https://ehrincentives.cms.gov>

CMS EHR Information Center is available at 1-888-734-6433 from 7:30 a.m. – 6:30 p.m. Monday through Friday, except federal holidays.

Hospitals eligible under both Medicare and Medicaid should select "Both Medicare and Medicaid" during registration, even if they initially plan to apply for an incentive under only one program

- ▶ Follow the steps in the remaining pages to attest to the South Dakota Medicaid EHR Incentive Payment Program

1.2 Log in



South Dakota Medicaid EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria may qualify to receive payments.

[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive Payment Program to receive incentive payments.

Login

Username

testhosp

Password

[Sign in](#)

[Forgot Password?](#)

New to SD Medicaid Portal?

[Create an Account](#)

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Enter
username and
password to
sign in

Select sign in

1.3 Forgot Password



South Dakota Medicaid EHR Incentive Payment Program

Welcome to the South Dakota Medicaid EHR Incentive Payment Program provider registration and attestation portal.

Eligible professionals and hospitals that adopt, implement, or upgrade in the first year of participation and demonstrate meaningful use in subsequent years of participation upon fulfilling other criteria may qualify to receive payments.

[Requirements for eligible professionals](#)

[Requirements for eligible hospitals](#)

For additional information, please visit the [South Dakota Medicaid EHR Incentive Payment Program Website](#)

All providers must first register at the [CMS registration website](#) before completing an application with South Dakota Medicaid EHR Incentive Payment Program to receive incentive payments.

Forgot Password

NPI

0123456789

[Submit](#)

[Cancel](#)

New to SD Medicaid Portal?

[Create an Account](#)

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Submit .
An email
will be
sent

2. Registration confirmation

Confirm registration. To update or modify the registration information, providers will need to visit the CMS EHR Incentive program registration and attestation system.

The screenshot shows a web form titled "CMS Account Details" with tabs for "Account Information", "Eligibility", "EHR Use", "Meaningful Use", and "Attestation". The "Account Information" tab is active. The form contains the following fields and values:

Name:	Test Noble Hospital
Address1:	306 Prairie Ave SW
Address2:	Ste 100
City:	De Smet
State:	SD
Zip Code:	57231-2285
Phone Number:	(605) 854-3329
Email Address:	
Payment Year:	1
Applicant NPI:	8888801175
Applicant TIN:	460-34-5312 (EIN)
Payee NPI:	
Payee TIN:	
CCN:	431335
Program Option:	Dually Eligible
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE HOSPITAL,HOME HEALTH AGENCY

Below the form is a "Contact Details" section with the following fields:

Name:	John Doe
Email Address:	
Phone No:	6051221222

At the bottom of the "CMS Account Details" section is a "Confirm CMS Data" button. To the right of this button is a link: "Visit CMS to Update or Change Information CMS registration website.".

Red annotations on the image include:

- A red arrow pointing from the text "If information is correct, select the Confirm CMS Data button." to the "Confirm CMS Data" button.
- A red arrow pointing from the text "To update, visit the CMS registration website" to the link "Visit CMS to Update or Change Information CMS registration website.".

Account Information

Eligibility

EHR Use

Meaningful Use

Attestation

CMS Account Details

Name:

Test Noble Hospital

Address1:

306 Prairie Ave SW

Address2:

Ste 100

City:

De Smet

State:

SD

Zip Code:

57231-2285

Phone Number:

(605) 854-3329

Email Address:

Payment Year:

1

Applicant NPI:

8888801175

Applicant TIN:

460-34-5312 (EIN)

Payee NPI:

Payee TIN:

CCN:

431335

Program Option:

Dually Eligible

Medicaid State:

SD

Provider Type:

Acute Care Hospital

Provider Specialty:

ACUTE CARE HOSPITAL,HOME HEALTH AGENCY

Confirm CMS Data

Visit CMS to Update or Change Information CMS registration website.

Contact Details

Name:

John Doe

Email Address:

JohnD@yahoo.com

Phone No:

8051221222

Save Contact

Enter optional contact Name,
Email Address, and Phone No

Select Save Contact

3. Eligibility

Eligible hospital should meet a minimum of 10% Medicaid patient volume in a representative continuous 90 day period in the previous fiscal year (October 1-September 30) demonstrated by:

Numerator: Total Medicaid inpatient discharges + Medicaid emergency department encounters in any representative continuous 90 day period in the preceding fiscal year

Denominator: Total inpatient discharges + emergency department encounters in that same 90 day period

Acute Care Hospitals

Account Information | Eligibility | EHR Use | Meaningful Use | Attestation

Eligible Hospital

EH Details saved successfully

You are a: Acute Care Hospital Is your average length of stay 25 days or less? ☒ Yes ☐ No

EH Details

Patient Volume

Note: To be eligible for the incentive program, hospitals must meet at least 10% Medicaid patient volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: Reporting year for patient volume is Oct 01-Sept 30

End Date:

Medicaid inpatient discharges:

Medicaid emergency department encounters:

Total inpatient discharges:

Total emergency department encounters:

Select county for CHIP %: Pennington

Medicaid patient volume: 41.40 %

Growth Rate Average

Select the end date of hospitals most recently filled 12 month cost reporting period:

Total discharges in the reporting hospital's fiscal year: Enter data from Worksheet S-3, Part I, Column 15, Line 14 if using data from Medicare cost report Form 2552-10

Total number of discharges one year prior: Enter previous years discharge data from Worksheet S-3, Part I, Column 15, Line 12 if using data from Medicare cost report Form 2552-96

Total number of discharges two years prior:

Total number of discharges three years prior:

Average annual growth rate: 29.72 %

Medicaid Share

Total inpatient Medicaid days: Worksheet S3, Part I, Column 7, Line 1, 8-12

Total inpatient hospital days: Worksheet S3, Part I, Column 8, Line 1, 8-12

Total hospital charges: Worksheet C, Part 1, Column 8, line 200

Charity care charges: Worksheet S10, Line 20

Average length of stay: 3.45 day(s)

Medicaid share: 10.11 %

Medicaid aggregate EHR incentive amount: \$642,401.73

Estimated EHR incentive payment - year 1: \$256,960.69

Select Calculate → ← Select Save & Next

Note: Dually eligible hospitals may not include acute inpatient bed days in the numerator for patients where Medicare Part A or Medicare Advantage under Part C was the primary payer. Nursery bed days may not be included in the numerator or the denominator for acute inpatient (hospital) bed days.

Critical Access Hospitals

Account Information | **Eligibility** | EHR Use | Meaningful Use | Attestation

Eligible Hospital

You are a: Critical Access Hospitals

EH Details

Patient Volume
To be eligible for the incentive program, Eligible hospitals must meet at least 10% Medicaid patient volume

Enter 90 days reporting timeframe to calculate patient volume

Start Date: is between 01-Oct to 30-Sept Enter start date for patient volume

End Date:

Medicaid inpatient discharges: Enter Medicaid discharges

Medicaid emergency department encounters: Enter emergency department encounters

Total inpatient discharges: Enter total inpatient discharges

Total emergency department encounters: Enter total emergency department encounters

Select county for CHIP %: Select Select your county to apply CHIP%

Medicaid patient volume:

Growth Rate Average
Select the end date of Hospitals most recently filled 12 month cost reporting period:

Total number of discharges in this fiscal year: Enter date of base reporting year

Total number of discharges one year prior: Enter total discharges in the base year

Total number of discharges two years prior: Enter total discharges one year before the base year

Total number of discharges three years prior: Enter total discharges two year before

Average Annual Growth Rate:

Medicaid Share

Total Medicaid Inpatient bed days: Enter Medicaid inpatient bed days

Total Hospital Inpatient bed days: Enter hospital inpatient bed days

Total Hospital charges: Enter hospital charges

Total charity care charges: Enter charity care charges

Average Length of Stay:

Medicaid share:

Aggregate EHR amount:

First year payment:

Select Calculate

Select Save & Next

Children's Hospitals

Children's hospitals do not have Medicaid patient volume requirements.

Eligible Hospital

You are a: Childrens Hospitals

EH Details

Growth Rate Average
Select the end date of Hospitals most recently filled 12 month cost reporting period: Enter date of base reporting year
Total number of discharges in this fiscal year: Enter total discharges in the base year
Total number of discharges one year prior: Enter total discharges one year before the base year
Total number of discharges two years prior: Enter total discharges two year before
Total number of discharges three years prior: Enter total discharges three years before

Average Annual Growth Rate:

Medicaid Share
Total Medicaid Inpatient bed days: Enter Medicaid inpatient bed days
Total Hospital Inpatient bed days: Enter hospital inpatient days
Total Hospital charges: Enter hospital charges
Total charity care charges: Enter charity care charges

Average Length of Stay:
Medicaid share:
Aggregate EHR amount:
First year payment:

Select Calculate

Select Save & Next

Note: Hospitals with less than four year data should contact the Division of Medical Services.

4. EHR Use



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility **EHR Use** Meaningful Use Attestation

EHR Use

Do you have a Certified EHR?
☒ Yes ☐ No

Please provide the CMS EHR Certification Number: Q000000010CVMAQ
[About CMS EHR Certification Number](#)

EHR Status

Indicate the status of your EHR:

☐ Adopt - in the processes of acquiring, purchasing or securing access to certified EHR technology capable of meeting meaningful use requirements

☐ Implement - deploying, installing, or beginning utilization of certified EHR technology capable of meeting meaningful use requirements

☐ Upgrade - either have completed or are in the process of expanding current EHR technology to certified EHR technology capable of meeting meaningful use requirements. This may also include staffing, training, or maintenance

☒ Meaningful use

Have you attested with the Medicare EHR Incentive Program?
EH's that attest through the Medicare EHR Incentive Program and deemed Meaningful user do not have to attest to the SD Medicaid EHR Incentive Payment Program.

☐ Yes ☒ No

EHR Status description including vendor name and version (Max 1000 characters allowed):
dase

Do you work with a Regional Extension Center such as HealthPOINT?
☐ Yes ☒ No

If yes, please describe (Max 1000 characters allowed):

Submit documentation showing adoption, implementation, or upgrade of a certified EHR system. Examples of documentation are signed contracts, user agreements, licence agreements, purchase orders or receipts.

Note: File upload size should be less than 5 MB.

[Upload Instructions](#)

Select the appropriate for a certified EHR

Enter the 15 alphanumeric CMS EHR Certification ID

Select Meaningful use

Indicate yes or no if working with a regional extension center

Indicate the regional extension center you work with

Select browse and upload documentation

Click Save & Next

5. REQUIREMENTS FOR MEANINGFUL USE MEASURES FOR EHs

14 Core Meaningful Use Measures

- 14 Core MU Measures must be met according to the CMS threshold

10 Menu Measures

- 5 Menu Measures must be met according to the CMS threshold (including exclusions) and at least 1 of the 5 Menu Measures met by the EH must be from the Public Health List.

15 Clinical Quality Measure

- Eligible Hospitals and Critical Access Hospitals (CAHs) must report calculated clinical quality measures (CQMs) directly from their certified EHR technology as a requirement of the HER Incentive Programs. Eligible hospitals and CAHs must report on all fifteen (15) CQMs. Zero is an acceptable CQM denominator value provided that this value was produced by the certified EHR technology.

Exclusion: Eligible hospitals can be excluded from meeting an objective if they meet the requirements of the exclusion. If the eligible hospital cannot meet the specific exclusion requirements, then the eligible hospital cannot answer “Yes” to the exclusion question. (If no exclusion is indicated, the eligible hospital must report on that measure.)

5.1 Topics for Meaningful Use



Home Contact Us Change Password Payments My Issues Add Issue Log

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible hospitals are required to attest to 14 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible hospitals are required to attest to 5 of 10 menu measures
- ☒ [Edit Clinical Quality Measures](#) : Eligible hospitals are required to attest to 15 menu measures

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

- Select Meaningful Use Info.

Navigation:

- Meaningful Use Info – EHR reporting period is entered.
- Meaningful Use Core Measures – Takes the EH to the first screen of the Meaningful Use Core Measures, active after MU info is complete.
- Meaningful Use Menu Measures – Takes the EH to the first screen of the Meaningful Use Menu Measures, only active after the MU Core Measures are complete.
- Clinical Quality Measures – Takes the EH to the first screen of the Clinic Quality Measures, only active after the Menu Measures are completed.

5.2 Summary of Meaningful Use Info

The image displays three sequential screenshots of a web-based questionnaire titled "Meaningful Use Info". Each screenshot has a navigation bar at the top with tabs for "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (which is highlighted), and "Attestation".

Screenshot 1: Questionnaire(1 of 3)
This screen is titled "Meaningful Use Info" and "Questionnaire(1 of 3)". It asks for the "Meaningful Use EHR reporting period". There are two radio button options: "90 day- demonstrating MU in the first year" (selected) and "1 year- demonstrating MU in subsequent years". Below this, it says "Please provide the EHR reporting period associated with this Meaningful use:". There are two text input fields: "EHR Reporting Period Start Date: 10/03/2011" and "EHR Reporting Period End Date: 12/31/2011". At the bottom, it says "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." and has two buttons: "PREVIOUS PAGE" and "SAVE & CONTINUE". A red arrow points to the "SAVE & CONTINUE" button with the text "Click Save & Continue".

Screenshot 2: Questionnaire(2 of 3)
This screen is titled "Meaningful Use Info" and "Questionnaire(2 of 3)". It asks for the "Emergency Department (ED) Admissions" method. It explains that an eligible hospital must choose one of two methods to designate how patients admitted to the ED will be included in the denominators of certain Meaningful Use Core and Menu Measures. It then describes two methods: "Observations Service Method" and "All ED Visits Method". The "Observations Service Method" is selected with a radio button. At the bottom, it says "Please select the PREVIOUS QUESTION button to go back, or the SAVE & CONTINUE button to proceed." and has two buttons: "PREVIOUS QUESTION" and "SAVE & CONTINUE". A red arrow points to the "SAVE & CONTINUE" button with the text "Click Save & Continue".

Screenshot 3: Questionnaire(3 of 3)
This screen is titled "Meaningful Use Info" and "Questionnaire(3 of 3)". It asks "At least 80% of unique patients must have their data in certified EHR. Do at least 80% of unique patients that you provide service to have their data in a certified EHR?". There are two radio button options: "Yes" (selected) and "No". Below this, it says "Complete the following information:". It defines "Denominator" as "Number of all patients you provide service to, in the EHR reporting period." and "Numerator" as "Number of patients with their data in certified EHR that you provide service to, in the EHR reporting period." There are two text input fields: "Denominator: 100" and "Numerator: 80". At the bottom, it says "Please select the PREVIOUS QUESTION button to go back, or the SAVE & CONTINUE button to proceed." and has two buttons: "PREVIOUS QUESTION" and "SAVE & CONTINUE". A red arrow points to the "SAVE & CONTINUE" button with the text "Click Save & Continue".

Annotations:
Red arrows point from the following text to the corresponding elements in the screenshots:
- "Select MU reporting period." points to the radio button options in Screenshot 1.
- "The EHR Reporting Start Date must fall within the current calendar year." points to the "EHR Reporting Period Start Date" field in Screenshot 1.
- "Choose one of two methods to designate how patients are admitted to the Emergency Department." points to the radio button options in Screenshot 2.
- "Select Yes or No as appropriate." points to the radio button options in Screenshot 3.
- "If Yes, complete the numerator and denominator fields." points to the "Numerator" and "Denominator" input fields in Screenshot 3.

6. Topics for Meaningful Use



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services



[Home](#) [Contact Us](#) [Change Password](#) [Payments](#) [My Issues](#) [Add Issue](#) [Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital

Provider Type: Eligible Hospital (EH)

Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible hospitals are required to attest to 14 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible hospitals are required to attest to 5 of 10 menu measures
- ☒ [Edit Clinical Quality Measures](#) : Eligible hospitals are required to attest to 15 menu measures

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue with measures, select Meaningful Use Core Measures.

6.1 Meaningful Use Core Measure 1 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program web application. At the top, the DSS logo and the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services" are visible. A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main header reads "South Dakota Medicaid EHR Incentive Payment Program". Below this, a welcome message for "Test Noble Hospital" is shown, along with the Provider Type "Eligible Hospital (EH)" and Status "Program Qualification Filed with EHR Status as Meaningful Use". On the right, dropdown menus for "Payment Year" (set to 1) and "Program Year" (set to 2012) are present. A tabbed interface at the bottom of the header includes "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (which is highlighted), and "Attestation". The "Meaningful Use Core Measures" section is titled "Questionnaire(1 of 14)". It contains an "Objective" section describing the use of computerized physician order entry (CPOE) for medication orders. The "Measure" section states that more than 30% 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) must have at least one medication order entered using CPOE. Below this, a "PATIENT RECORDS" section asks the user to 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. Two radio buttons are provided: "This data was extracted from ALL patient records not just those maintained using certified EHR technology." (which is unselected) and "This data was extracted only from patient records maintained using certified EHR technology." (which is selected). The "Complete the following information:" section defines the Denominator as "Number of unique patients with at least one medication in their medication list seen by the eligible hospital or CAH during the EHR reporting period." and the Numerator as "The number of patients in The denominator that have at least one medication order entered using CPOE." Input fields for "Denominator: 1200" and "Numerator: 1000" are shown. At the bottom, a message states: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Two buttons, "PREVIOUS PAGE" and "SAVE & CONTINUE", are displayed.

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The Numerator and Denominator must be a whole number

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.2 Meaningful Use Core Measure 2 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program web application. At the top, the DSS logo is accompanied by the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services". A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main heading is "South Dakota Medicaid EHR Incentive Payment Program". Below this, user information is shown: "Welcome, Test Noble Hospital", "Provider Type: Eligible Hospital (EH)", and "Status: Program Qualification Filed with EHR Status as Meaningful Use". On the right, "Payment Year" is set to 1 and "Program Year" is set to 2012. A tabbed interface at the bottom of the header shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (which is highlighted), and "Attestation". The "Meaningful Use Core Measures" section is titled "Questionnaire(2 of 14)". It lists an objective: "Implement drug-drug and drug-allergy interaction checks." and a measure: "The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period." Below this, it asks to "Complete the following information:" and poses the question: "Have you enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period?". There are two radio button options: "Yes" (which is selected) and "No". At the bottom of the form, a message states: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Two buttons are provided: "PREVIOUS PAGE" and "SAVE & CONTINUE".

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

- Select Yes or No to continue to the next screen.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.3 Meaningful Use Core Measure 3 Screen

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home | Contact Us | Change Password | Payments | My Issues | Add Issue | Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filled with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Core Measures

Questionnaire (3 of 14)

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

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.

Complete the following information:

Denominator = Number of unique patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Numerator = Number of patients in the denominator who have at least one entry or an indication those problems are known for the patient recorded as structured data in their problem list.

Denominator: 1200 Numerator: 1000

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.4 Meaningful Use Core Measure 4 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(4 of 14)

Objective: Maintain active medication list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Complete the following information:

Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Numerator = Number of patients in the denominator who have no medication recorded as structured data.

Denominator: 1200 Numerator: 999

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.5 Meaningful Use Core Measure 5 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(5 of 14)

Objective: Maintain active medication allergy list.

Measure: More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Complete the following information:

Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Numerator = Number of unique patients in the denominator who have at least one entry (or an indication that the patient no known medication allergies) recorded as structured data in their medication allergy list.

Denominator: 1200 Numerator: 1000

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.6 Meaningful Use Core Measure 6 Screen

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(6 of 14)

Objective: Record all of the following demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of birth
- Date and preliminary cause of death in the event of mortality in the hospital or CAH

Measure: More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.

Complete the following information:

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

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

Denominator: 500

Numerator: Preferred language: 450

Numerator: Gender: 450

Numerator: Race: 400

Numerator: Ethnicity: 400

Numerator: Date of birth: 500

Numerator: Date and preliminary cause of death: 100

Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.


PREVIOUS PAGE **SAVE & CONTINUE**

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


- The Numerator and Denominator must be a whole number.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.7 Meaningful Use Core Measure 7 Screen



Strong Families - South Dakota's Foundation and Our Future
South Dakota Department of Social Services



Home | Contact Us | Change Password | Payments | My Issues | Add Issue | Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 | Program Year: 2012

Account Information | Eligibility | EHR Use | **Meaningful Use** | Allocation

Meaningful Use Core Measures

Questionnaire(7 of 14)

Objective: Record and chart changes in vital signs:

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

Measure: For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.

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

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

Complete the following information:

Denominator = Number of unique patients age 2 or over is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Numerator = Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data.

Denominator: 1200 Numerator: 1200

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The Numerator and Denominator must be a whole number

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.8 Meaningful Use Core Measure 8 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program web application. At the top, the DSS logo and the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services" are visible. A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main header reads "South Dakota Medicaid EHR Incentive Payment Program". Below this, a welcome message for "Test Noble Hospital" is shown, along with the Provider Type "Eligible Hospital (EH)" and Status "Program Qualification Filed with EHR Status as Meaningful Use". The Payment Year is set to 1 and the Program Year to 2012. A tabbed interface shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (selected), and "Attestation". The "Meaningful Use Core Measures" section is titled "Questionnaire(8 of 14)". The objective is to "Record smoking status for patients 13 years old or older." The measure requires that "More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data." An exclusion clause states: "EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that sees no patients 13 years or older would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use." A question asks "Does this exclusion apply to you?" with radio buttons for "Yes" and "No" (selected). Below, it prompts to "Complete the following information:" and defines the Denominator as "Number of unique patients age 13 or older admitted to the eligible hospital's inpatient or emergency department (POS 21 or 23) during the EHR reporting period." and the Numerator as "Number of patients in the denominator with smoking status recorded as structured data." Input fields show Denominator: 900 and Numerator: 800. At the bottom, instructions state: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Two buttons, "PREVIOUS PAGE" and "SAVE & CONTINUE", are provided.

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EH is allowed to save and continue to the next measure. The following details are other requirements of this screen:

- The Numerator and Denominator must be a whole number
- If an EH responds Yes to exclusion, then they have met the measure threshold.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.9 Meaningful Use Core Measure 9 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(9 of 14)

Objective: Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.

Measure: Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.

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

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

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

Complete the following information:

I will submit Clinical Quality Measures.

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- Please select Yes or No.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.10 Meaningful Use Core Measure 10 Screen



[Home](#) [Contact Us](#) [Change Password](#) [Payments](#) [My Issues](#) [Add Issue](#) [Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Meaningful Use Core Measures

Questionnaire(10 of 14)

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

Measure: Implement one clinical decision support rule.

Did you implement one clinical decision support rule?

☒ Yes ☐ No

Enter a clinical decision support rule that was implemented:

enter

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#)

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

- Please select Yes or No.
- The EH must enter an answer on the last question on the page.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.11 Meaningful Use Core Measure 11 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program web application. At the top, the DSS logo and the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services" are visible. A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main header reads "South Dakota Medicaid EHR Incentive Payment Program". Below this, a welcome message for "Test Noble Hospital" is shown, along with the Provider Type "Eligible Hospital (EH)" and Status "Program Qualification Filed with EHR Status as Meaningful Use". The Payment Year is set to 1 and the Program Year is 2012. A tabbed interface shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (selected), and "Allocation". The "Meaningful Use Core Measures" section is titled "Questionnaire(11 of 14)". It contains the following information:

- Objective:** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request.
- Measure:** More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.
- PATIENT RECORDS:** Please select whether the data used to support the measure was extracted from ALL patient records or only from patient records maintained using certified EHR technology.
 - ☒ This data was extracted from ALL patient records not just those maintained using certified EHR technology.
 - ☐ This data was extracted only from patient records maintained using certified EHR technology.
- EXCLUSION - Based on ALL patient records:** An eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.
- Does this exclusion apply to you?**
 - ☐ Yes
 - ☒ No
- Complete the following information:**
 - Denominator** – Number of patients of the eligible hospital or CAH who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.
 - Numerator** – Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.
 - Denominator: Numerator:

At the bottom, a message states: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Below this are two buttons: "PREVIOUS PAGE" and "SAVE & CONTINUE".

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- Enter exclusion if applicable.
- The Numerator and Denominator must be a whole number

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.12 Meaningful Use Core Measure 12 Screen

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Core Measures

Questionnaire(12 of 14)

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

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

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

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

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

Does this exclusion apply to you?
☐ Yes ☒ No

Complete the following information:

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

Denominator: 10 Numerator: 7

Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.

PREVIOUS PAGE SAVE & CONTINUE

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- Enter exclusion if applicable.
- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.13 Meaningful Use Core Measure 13 Screen

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Core Measures

Questionnaire(13 of 14)

Objective: Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.

Measure: Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Did you perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information?

☒ Yes ☐ No

Specify with whom the test was done with:

outpatient clinic

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- Answer question with Yes or No.
- The EH must enter an answer to the question.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

6.14 Meaningful Use Core Measure 14 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program web application. At the top, the DSS logo is accompanied by the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services". A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main header reads "South Dakota Medicaid EHR Incentive Payment Program". Below this, user information is shown: "Welcome, Test Noble Hospital", "Provider Type: Eligible Hospital (EH)", and "Status: Program Qualification Filed with EHR Status as Meaningful Use". On the right, "Payment Year" is set to 1 and "Program Year" is set to 2015. A tabbed interface at the bottom of the header shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (which is selected), and "Attestation". The "Meaningful Use Core Measures" section is titled "Questionnaire(14 of 14)". It contains the following text: "Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities." and "Measure: Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process." Below this, a question is asked: "Did you conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process?". There are two radio button options: "Yes" (which is selected) and "No". At the bottom of the form, a message states: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Below this message are two buttons: "PREVIOUS PAGE" and "SAVE & CONTINUE".

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

- The EH must enter an answer the question with Yes or No.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

6.15 Summary of Measures – Meaningful Use Core Measures



Home	Contact Us	Change Password	Payments	My Issues	Add Issue	Logout
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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
 Provider Type: Eligible Hospital (EH)
 Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Summary of Measures

Meaningful Use Core Measures

Objective	Measure	Entered	Select
Use computerized physician order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.	More than 30% of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.	Denominator = 1200 Numerator = 1000	Edit
Implement drug-drug and drug-allergy interaction checks.	The eligible hospital or CAH has enabled this functionality for the entire EHR reporting period.	Yes	Edit
Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.	Denominator = 1200 Numerator = 1000	Edit
Maintain active medication list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Denominator = 1200 Numerator = 999	Edit
Maintain active medication allergy list.	More than 80% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	Denominator = 1200 Numerator = 1000	Edit
Record all of the following demographics: <ul style="list-style-type: none"> Preferred language Gender Race Ethnicity Date of birth Date and preliminary cause of death in the event of mortality in the hospital or CAH 	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.	Denominator = 500 Numerator 1= 450 Numerator 2= 450 Numerator 3= 400 Numerator 4= 400 Numerator 5= 500 Numerator 6= 100	Edit
Record and chart changes in vital signs: <ul style="list-style-type: none"> Height Weight Blood pressure Calculate and display body mass index (BMI) Plot and display growth charts for children 2-20 years, including BMI 	For more than 50% of all unique patients age 2 and over admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structure data.	Denominator = 1200 Numerator = 1200	Edit

Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded as structured data.	Denominator = 900 Numerator = 800	Edit
Report hospital clinical quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.	Provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of the final Rule.	Yes	Edit
Implement one clinical decision support rule related to a high priority hospital condition along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	Yes	Edit
Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request.	More than 50% of all patients of the inpatient or emergency department of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.	Excluded	Edit
Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request.	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it.	Denominator = 10 Numerator = 7	Edit
Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	Yes	Edit
Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	Yes	Edit
To Edit information, select the EDIT link next to the measure you would like to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.			
MOVE TO MU TOPICS			

The Meaningful User Core Measures can be reviewed. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.

6.16 Topics for Meaningful Use



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible hospitals are required to attest to 14 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible hospitals are required to attest to 5 of 10 menu measures
- ☒ [Edit Clinical Quality Measures](#) : Eligible hospitals are required to attest to 15 menu measures

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue with measures, select Meaningful Use Menu Measures.

6.17 Meaningful Use Menu Measures Selection Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Menu Measures

Questionnaire

Instructions:

Eligible hospitals must report on a total of five (5) Meaningful Use Menu Measures. At least one of the five measures must be from the public health menu measures. Should the eligible hospital be able to successfully meet only one of these public health menu measures, the eligible hospital must select and report on that measure to SD Medicaid EHR Incentive Payment Program. Having met one public health menu measure, the eligible hospital must then select any other four measures from the Meaningful Use Menu Measures. In selecting the remaining four measures, the eligible hospital may select any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below.

If an eligible hospital meets the criteria for and can claim an exclusion for all of the public health menu measures, they must still select one public health menu measure and attest that they qualify for the exclusion. They must then select any other four measures from the menu measures, which can be any combination from the remaining public health menu measures or from the additional Meaningful Use Menu Measures in the list below. SD Medicaid EHR Incentive Payment Program encourages eligible hospitals to select menu measures on which they can report and to claim an exclusion for a menu measure only in cases where there are no remaining menu measures for which they qualify or if there are no remaining menu measures on which they are able to report.

You must submit at least one Meaningful Use Menu Measure from the public health list even if an Exclusion is applied:

Objective	Measure	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	<input checked="" type="checkbox"/>
Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>
Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).	<input type="checkbox"/>

You must submit additional menu measure objectives until a total of five Meaningful Use Menu Measure Objectives have been selected, even if an Exclusion applies to all of the menu measure objectives that are selected (total of five includes the public health menu measure objectives):

Objective	Measure	Select
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	<input checked="" type="checkbox"/>
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	<input checked="" type="checkbox"/>
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	<input checked="" type="checkbox"/>
Generate lists of patients by specific conditions to use for quality improvements, reduction of disparities, or outreach.	Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	<input type="checkbox"/>
Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department [Place of Service (POS) 21 or 23] during the EHR reporting period are provided patient-specific education resources.	<input type="checkbox"/>
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<input checked="" type="checkbox"/>
The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral.	The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.	<input type="checkbox"/>

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

- Read the instructions and select a total of 5 measures from the 10 Meaningful Use Menu Measures listed.

6.17.1 Meaningful Use Menu Measure 1 Screen (Public Health)

The screenshot shows the 'Meaningful Use Menu Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. The user is logged in as 'Test Noble Hospital' and is on the 'Meaningful Use' tab. The screen displays 'Questionnaire(1 of 5)' and lists the objective and measure for the first menu measure. It includes two exclusion questions with 'Yes' and 'No' radio button options. At the bottom, there are three buttons: 'PREVIOUS PAGE', 'SAVE & CONTINUE', and 'RESELECT QUESTION'.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Allocation

Meaningful Use Menu Measures

Questionnaire(1 of 5)

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

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

EXCLUSION 1 - Based on ALL patient records: An eligible hospital or CAH that does not perform immunizations during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

EXCLUSION 2 - Based on ALL patient records: If there is no immunization registry that has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Did you perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test was successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically)?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EH will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Exclusion response required
- Response of yes or no required if exclusion 1 and 2 has not been marked as yes

Please note that selecting "Previous Page" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.2 Meaningful Use Menu Measure 2 Screen (Public Health)

The screenshot shows the 'Meaningful Use Menu Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. The page header includes the DSS logo and navigation links. The main content area displays the 'Questionnaire(1 of 5)' for Measure 2. The objective is to submit electronic data on reportable lab results to public health agencies. The measure requires at least one test of certified EHR technology capacity. An exclusion clause states that if no public health agency has the capacity to receive the information electronically, the hospital or CAH would be excluded. The user is asked if this exclusion applies, with 'Yes' and 'No' radio buttons. Below this, the user is asked to complete information about performing the test, also with 'Yes' and 'No' radio buttons. At the bottom, there are three buttons: 'PREVIOUS PAGE', 'SAVE & CONTINUE', and 'RESELECT QUESTION'.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Meaningful Use Menu Measures

Questionnaire(1 of 5)

Objective: Capability to submit electronic data on reportable (as required by State or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice.

Measure: Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically).

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Did you perform at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EH will be allowed to save and continue to the next measure. The following details other requirements of this screen:

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

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question" EH will be taken back to the Meaningful Use Menu Measure Selection Screen.

6.17.3 Meaningful Use Menu Measure 3 Screen (Public Health)

The screenshot shows the 'Meaningful Use Menu Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. The page header includes the DSS logo and navigation links. The main content area displays the 'Questionnaire (2 of 5)' for Measure 3. The objective is 'Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.' The measure description states: 'Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically).' An exclusion clause follows: 'EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.' The user is asked 'Does this exclusion apply to you?' with radio buttons for 'Yes' and 'No'. Below this, the user is asked to 'Complete the following information:' and 'Did you perform at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test was successful (unless none of the public health agencies to which an eligible hospital or CAH submits such information have the capacity to receive the information electronically)?' with radio buttons for 'Yes' and 'No'. At the bottom, there are instructions and three buttons: 'PREVIOUS QUESTION', 'SAVE & CONTINUE', and 'RESELECT QUESTION'.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Meaningful Use Menu Measures

Questionnaire (2 of 5)

Objective: Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice.

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

EXCLUSION - Based on ALL patient records: If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, then the eligible hospital or CAH would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

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

☒ Yes ☐ No

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

All fields must be completed unless the exclusion was responded to with 'Yes', in that case no other field is required and the EH will be allowed to save and continue to the next measure. The following details other requirements of this screen:

- Exclusion response required.
- Response of Yes or No required if exclusion has not been marked as yes.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question" EH will be taken back to the Meaningful Use Menu Measure Selection Screen.

6.17.4 Meaningful Use Menu Measure 4 Screen

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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Allocation

Meaningful Use Menu Measures

Questionnaire(2 of 5)

Objective: Implemented drug-formulary checks.

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

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

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

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

Did you enable the drug-formulary check functionality and did you have access to at least one internal or external drug formulary for the entire EHR reporting period?

☒ Yes ☐ No

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE SAVE & CONTINUE RESELECT QUESTION

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The EH must enter an answer the question with Yes or No.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.5 Meaningful Use Menu Measure 5 Screen

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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Allocation

Meaningful Use Menu Measures

Questionnaire(3 of 5)

Objective: Record advance directives for patients 65 years old or older.

Measure: More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.

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

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

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

EXCLUSION - Based on ALL patient records: An eligible hospital or CAH that admitted no patients 65 years old or older during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an eligible hospital or CAH from achieving meaningful use.

Does this exclusion apply to you?

☐ Yes ☒ No

Complete the following information:

Denominator = Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period.

Numerator = Number of patients in the denominator with an indication of an advanced directive entered using structured data.

Denominator: 68 Numerator: 56

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- Exclusion response required
- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.6 Meaningful Use Menu Measure 6 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Allocation

Meaningful Use Menu Measures

Questionnaire(4 of 5)

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

Measure: More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.

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

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

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

Complete the following information:

Denominator = Number of lab tests ordered during the EHR reporting period by authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 and 23) whose results are expressed in a positive or negative affirmation or as a number.

Numerator = Number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data.

Denominator: 600 Numerator: 579

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.7 Meaningful Use Menu Measure 7 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Meaningful Use Menu Measures

Questionnaire(3 of 5)

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

Measure: Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.

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

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

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

Did you generate at least one report listing patients of the eligible hospital or CAH with a specific condition?

☒ Yes ☐ No

Specify a condition for which the list was created:

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

[PREVIOUS QUESTION](#) [SAVE & CONTINUE](#) [RESELECT QUESTION](#)

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The EH must enter an answer 'Yes' or 'No' to the question.
- The EH must enter requested condition.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.8 Meaningful Use Menu Measure 8 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Menu Measures

Questionnaire(4 of 5)

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

Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (Place of Service (POS) 21 or 23) during the EHR reporting period are provided patient-specific education resources.

Complete the following information:

Denominator = Number of unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
Numerator = Number of patients in the denominator who are provided patient education specific resources.

Denominator: 7 Numerator: 6

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

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

- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.9 Meaningful Use Menu Measure 9 Screen

The screenshot shows the 'Meaningful Use Menu Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. The page header includes the DSS logo and navigation links. The user is logged in as 'Test Noble Hospital' with a provider type of 'Eligible Hospital (EH)'. The status is 'Program Qualification Filed with EHR Status as Meaningful Use'. The 'Meaningful Use' tab is selected, showing 'Questionnaire(5 of 5)'. The objective and measure for Measure 9 are displayed, along with a selection for patient records (certified EHR technology). The denominator and numerator are both set to 250. Navigation buttons at the bottom include 'PREVIOUS PAGE', 'SAVE & CONTINUE', and 'RESELECT QUESTION'.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | **Meaningful Use** | Attestation

Meaningful Use Menu Measures

Questionnaire(5 of 5)

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

Measure: The eligible hospital or CAH performs medication reconciliation for more than 50% 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).

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

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

Complete the following information:

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 to 23) was the receiving party of the transition.
Numerator = Number of transitions of care in the denominator where medication reconciliation was performed.

Denominator: Numerator:

Please select the **PREVIOUS PAGE** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS PAGE **SAVE & CONTINUE** **RESELECT QUESTION**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.10 Meaningful Use Menu Measure 10 Screen



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South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Meaningful Use Menu Measures

Questionnaire(5 of 5)

Objective: The eligible hospital or CAH that transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of 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 provides a summary of care record for more than 50% of transitions of care and referrals.

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

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

Complete the following information:

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 to 23) was the transferring or referring provider.
Numerator = Number of transitions of care and referrals in the denominator where a summary of care record was provided.

Denominator: 10 Numerator: 5

Please select the **PREVIOUS QUESTION** button to go back, the **SAVE & CONTINUE** button to proceed, or the **RESELECT QUESTION** button to reselect the questions.

PREVIOUS QUESTION **SAVE & CONTINUE** **RESELECT QUESTION**

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

- Patient records: At the EH's discretion, the numerators and denominators of certain measures may be calculated using only the patient records maintained in certified EHR technology. The EH may also elect to calculate the numerators and denominators of these measures using ALL patient records. EH must indicate which method they are used in their calculations.
- The Numerator and Denominator must be a whole number.

Please note that selecting "Previous Question" prior to saving will result in the data on the current Screen not being saved.

If selecting "Reselect Question", EH will be taken back to Meaningful Use Menu Measure Selection Screen.

6.17.11 Summary of Measures – Meaningful Use Menu Measures



[Home](#)
[Contact Us](#)
[Change Password](#)
[Payments](#)
[My Issues](#)
[Add Issue](#)
[Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
 Provider Type: Eligible Hospital (EH)
 Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#)
[Eligibility](#)
[EHR Use](#)
[Meaningful Use](#)
[Allocation](#)

Summary of Measures

Meaningful Use Menu Measures

Objective	Measure	Entered	Select
Capability to submit electronic data to immunization registries or immunization information systems and actual submission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically).	Yes	Edit
Implemented drug-formulary checks.	The eligible hospital or CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period.	Yes	Edit
Record advance directives for patients 65 years old or older.	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded as structured data.	Denominator = 68 Numerator = 56	Edit
Incorporate clinical lab-test results into certified EHR as structured data.	More than 40% of all clinical lab tests results ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	Denominator = 600 Numerator = 579	Edit
The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.	The eligible hospital or CAH performs medication reconciliation for more than 50% 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).	Denominator = 250 Numerator = 250	Edit

To Edit information, select the **EDIT** link next to the measure you would like to edit. Select the **MOVE TO MU TOPICS** button to skip viewing the summary and move to Meaningful Use Topics. Select the **RESELECT QUESTION** button to reselect the questions.

[MOVE TO MU TOPICS](#)
[RESELECT QUESTION](#)

The 5 menu measures that were chosen can be reviewed. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary.

6.18 Topics for Meaningful Use



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible hospitals are required to attest to 14 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible hospitals are required to attest to 5 of 10 menu measures
- ☒ [Edit Clinical Quality Measures](#) : Eligible hospitals are required to attest to 15 menu measures

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

To edit previous topic, select topic and review data. To continue with measures, select Clinical Quality Measures.

7.1 Clinical Quality Measure 1 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Clinical Quality Measures

Questionnaire (1 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0495, Emergency Department (ED)-1

Title: Emergency Department Throughput – admitted patients Median time from ED arrival to ED departure for admitted patients.

Description: Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.

ED-1.1: All ED patients admitted to the facility from the ED

Denominator = All ED patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≥D or N≥D.

Exclusion = Observation & Mental Health Patients. A positive whole number.

Denominator: Numerator: Exclusion:

ED-1.2: Observation ED patient stratification

Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≥D or N≥D.

Denominator: Numerator:

ED-1.3: Dx stratification ED patients

Denominator = ED patients with a Dx of Psychiatric or Mental Health Disorder admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from ED arrival to ED departure for patients admitted to the facility from the ED. A positive whole number where N≥D or N≥D.

Denominator: Numerator:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.2 Clinical Quality Measure 2 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Clinical Quality Measures

Questionnaire(2 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0497, Emergency Department (ED)-2

Title: Emergency Department Throughput- admitted patients Admission decision time to ED departure time for admitted patients.

Description: Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.

ED-2.1: All ED patients admitted to inpatient status

Denominator = All ED patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where NSD or N2D.

Exclusion = Observation & Mental Health Patients. A positive whole number.

Denominator: 300 Numerator: 60 Exclusion: 120

ED-2.2: Observation ED patient stratification

Denominator = ED Observation patients admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where NSD or N2D.

Denominator: 80 Numerator: 60

ED-2.3: Dx stratification ED patients

Denominator = ED patients with a Principal Dx of Psychiatric or mental health disorder admitted to the facility from the ED. A positive whole number.

Numerator = Median time (in minutes) from admit decision time to time of departure from the ED for patients admitted to inpatient status. A positive whole number where NSD or N2D.

Denominator: 80 Numerator: 30

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.3 Clinical Quality Measure 3 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Clinical Quality Measures

Questionnaire(3 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0435,Stroke-2

Title: Ischemic stroke - Discharge on anti-thrombotics.

Denominator = a positive whole number.

Numerator = a positive whole number where NSD.

Exclusion = a positive whole number.

Denominator: 50 Numerator: 50 Exclusion: 0

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.4 Clinical Quality Measure 4 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Clinical Quality Measures

Questionnaire(4 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0436,Stroke-3

Title: Ischemic stroke - Anticoagulation for A-fib/flutter.

Denominator = a positive whole number.

Numerator = a positive whole number where N.S.D.

Exclusion = a positive whole number.

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

7.5 Clinical Quality Measure 5 Screen



[Home](#) [Contact Us](#) [Change Password](#) [Payments](#) [My Issues](#) [Add Issue](#) [Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Clinical Quality Measures

Questionnaire(5 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0437,Stroke-4

Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset.

Denominator = a positive whole number.

Numerator = a positive whole number where N&D.

Exclusion = a positive whole number.

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

[PREVIOUS PAGE](#) [SAVE & CONTINUE](#)

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.6 Clinical Quality Measure 6 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: Program Year:

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Clinical Quality Measures

Questionnaire(6 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0438,Stroke-5

Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2.

Denominator = a positive whole number.

Numerator = a positive whole number where N=0.

Exclusion = a positive whole number

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.7 Clinical Quality Measure 7 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Clinical Quality Measures

Questionnaire(7 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0439,Stroke-6

Title: Ischemic stroke -Discharge on statins.

Denominator = a positive whole number.

Numerator = a positive whole number where N.S.D.

Exclusion = a positive whole number

Denominator:1 Numerator:1 Exclusion:0

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.8 Clinical Quality Measure 8 Screen



Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use Attestation

Clinical Quality Measures

Questionnaire(8 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0440,Stroke-8

Title: Ischemic or hemorrhagic stroke -Stroke Education.

Denominator = a positive whole number.

Numerator = a positive whole number where NSD.

Exclusion = a positive whole number.

Denominator:1 Numerator:1 Exclusion:1

Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.

PREVIOUS PAGE SAVE & CONTINUE

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

7.9 Clinical Quality Measure 9 Screen



Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services



[Home](#) [Contact Us](#) [Change Password](#) [Payments](#) [My Issues](#) [Add Issue](#) [Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital

Provider Type: Eligible Hospital (EH)

Status: Program Qualification Filled with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Clinical Quality Measures

Questionnaire(9 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0441,Stroke-10

Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment.

Denominator = a positive whole number.

Numerator = a positive whole number where NSD.

Exclusion = a positive whole number.

Denominator: Numerator: Exclusion:

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE

SAVE & CONTINUE

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.10 Clinical Quality Measure 10 Screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program interface. At the top, the DSS logo is accompanied by the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services". A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main heading is "South Dakota Medicaid EHR Incentive Payment Program". Below this, user information is shown: "Welcome, Test Noble Hospital", "Provider Type: Eligible Hospital (EH)", and "Status: Program Qualification Filed with EHR Status as Meaningful Use". On the right, "Payment Year" is set to 1 and "Program Year" is set to 2012. A tabbed interface at the bottom shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (selected), and "Attestation". The "Clinical Quality Measures" section is titled "Questionnaire(10 of 15)". It contains instructions: "Responses are required for the clinical quality measures displayed on this page." and "NQF 0371,VTE-1". The measure title is "Title: VTE prophylaxis within 24 hours of arrival." Below this, definitions are provided: "Denominator = a positive whole number.", "Numerator = a positive whole number where NSD.", and "Exclusion = a positive whole number." Input fields are shown for "Denominator:1", "Numerator:0", and "Exclusion:1". At the bottom, a message states: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Two buttons are visible: "PREVIOUS PAGE" and "SAVE & CONTINUE".

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

7.11 Clinical Quality Measure 11 Screen

The screenshot shows the 'South Dakota Medicaid EHR Incentive Payment Program' interface. At the top, there is a header with the DSS logo and the text 'Strong Families – South Dakota's Foundation and Our Future' and 'South Dakota Department of Social Services'. To the right of the header is a navigation bar with links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below the header, the main content area displays the program title and user information: 'Welcome, Test Noble Hospital', 'Provider Type: Eligible Hospital (EH)', and 'Status: Program Qualification Filed with EHR Status as Meaningful Use'. On the right, there are dropdown menus for 'Payment Year: 1' and 'Program Year: 2012'. Below this is a tabbed interface with 'Account Information', 'Eligibility', 'EHR Use', 'Meaningful Use' (selected), and 'Attestation'. The 'Meaningful Use' tab contains a section titled 'Clinical Quality Measures' with a sub-header 'Questionnaire(11 of 15)'. The main text area states: 'Responses are required for the clinical quality measures displayed on this page.' followed by 'NQF 0372,VTE-2'. Below this, it says 'Titles: Intensive Care Unit VTE prophylaxis.' and provides definitions for 'Denominator = a positive whole number.', 'Numerator = a positive whole number where N.S.D.', and 'Exclusion = a positive whole number.'. At the bottom of this section are input fields for 'Denominator: 2', 'Numerator: 2', and 'Exclusion: 0'. A message at the bottom of the form says: 'Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.' Below this message are two buttons: 'PREVIOUS PAGE' and 'SAVE & CONTINUE'.

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.12 Clinical Quality Measure 12 screen

The screenshot shows the 'South Dakota Medicaid EHR Incentive Payment Program' interface. At the top, there is a header with the DSS logo and the text 'Strong Families – South Dakota's Foundation and Our Future' and 'South Dakota Department of Social Services'. A navigation bar includes links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below the header, the user is logged in as 'Test Noble Hospital' with a 'Provider Type: Eligible Hospital (EH)' and 'Status: Program Qualification Filed with EHR Status as Meaningful Use'. The 'Payment Year' is set to '1' and the 'Program Year' is '2012'. A tabbed interface shows 'Account Information', 'Eligibility', 'EHR Use', 'Meaningful Use' (selected), and 'Attestation'. The 'Clinical Quality Measures' section is titled 'Questionnaire(12 of 15)'. It contains instructions: 'Responses are required for the clinical quality measures displayed on this page.' and 'NQF 0373,VTE-3'. The title is 'Anticoagulation overlap therapy.' Below this, definitions are provided: 'Denominator = a positive whole number.', 'Numerator = a positive whole number where N.S.D.', and 'Exclusion = a positive whole number.' Input fields are shown for 'Denominator: 5', 'Numerator: 0', and 'Exclusion: 5'. At the bottom, a message states: 'Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed.' Two buttons are visible: 'PREVIOUS PAGE' and 'SAVE & CONTINUE'.

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.13 Clinical Quality Measure 13 screen

The screenshot shows the 'Clinical Quality Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. At the top, there is a header with the DSS logo and navigation links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below the header, the program title 'South Dakota Medicaid EHR Incentive Payment Program' is displayed. A welcome message for 'Test Noble Hospital' is shown, along with the provider type 'Eligible Hospital (EH)' and status 'Program Qualification Filed with EHR Status as Meaningful Use'. The 'Payment Year' is set to 1 and the 'Program Year' is set to 2012. A tabbed interface at the bottom of the header shows 'Account Information', 'Eligibility', 'EHR Use', 'Meaningful Use' (selected), and 'Attestation'. The 'Clinical Quality Measures' section is titled 'Questionnaire(13 of 15)'. It contains instructions: 'Responses are required for the clinical quality measures displayed on this page.' The measure is identified as 'NQF 0374,VTE-4' with the title 'Platelet monitoring on unfractionated heparin.' Definitions for Denominator, Numerator, and Exclusion are provided. The input fields show 'Denominator: 4', 'Numerator: 4', and 'Exclusion: 0'. At the bottom, there is a prompt to select 'PREVIOUS PAGE' or 'SAVE & CONTINUE'.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home Contact Us Change Password Payments My Issues Add Issue Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Clinical Quality Measures

Questionnaire(13 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0374,VTE-4

Title: Platelet monitoring on unfractionated heparin.

Denominator = a positive whole number.

Numerator = a positive whole number where N/D.

Exclusion = a positive whole number.

Denominator: 4 Numerator: 4 Exclusion: 0

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.14 Clinical Quality Measure 14 screen

The screenshot shows the 'Clinical Quality Measures' section of the South Dakota Medicaid EHR Incentive Payment Program. At the top, there is a header for 'DSS Strong Families - South Dakota's Foundation and Our Future' and the 'South Dakota Department of Social Services'. A navigation bar includes links: Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. Below this, the user is logged in as 'Test Noble Hospital' with a 'Provider Type: Eligible Hospital (EH)' and 'Status: Program Qualification Filled with EHR Status as Meaningful Use'. The 'Payment Year' is set to 1 and the 'Program Year' is 2012. The 'Meaningful Use' tab is selected, showing a 'Clinical Quality Measures' section with a 'Questionnaire(14 of 15)'. The questionnaire title is 'NQF 0375,VTE-5' with the subtitle 'Title: VTE discharge instructions.' It defines 'Denominator = a positive whole number.', 'Numerator = a positive whole number where NSD.', and 'Exclusion = a positive whole number.' Below these definitions are input fields for 'Denominator:5', 'Numerator:5', and 'Exclusion:0'. At the bottom, there is a prompt to select 'PREVIOUS PAGE' or 'SAVE & CONTINUE'.

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filled with EHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use **Meaningful Use** Attestation

Clinical Quality Measures

Questionnaire(14 of 15)

Responses are required for the clinical quality measures displayed on this page.

NQF 0375,VTE-5

Title: VTE discharge instructions.

Denominator = a positive whole number.

Numerator = a positive whole number where NSD.

Exclusion = a positive whole number.

Denominator:5 Numerator:5 Exclusion:0

Please select the **PREVIOUS PAGE** button to go back, or the **SAVE & CONTINUE** button to proceed.

PREVIOUS PAGE **SAVE & CONTINUE**

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting “Previous Page” prior to saving will result in the data on the current screen not being saved.

7.15 Clinical Quality Measure 15 screen

The screenshot displays the South Dakota Medicaid EHR Incentive Payment Program interface. At the top, the DSS logo and the text "Strong Families – South Dakota's Foundation and Our Future" and "South Dakota Department of Social Services" are visible. A navigation bar includes links for Home, Contact Us, Change Password, Payments, My Issues, Add Issue, and Logout. The main header reads "South Dakota Medicaid EHR Incentive Payment Program". Below this, a welcome message for "Test Noble Hospital" is shown, along with the provider type "Eligible Hospital (EH)" and status "Program Qualification Filed with EHR Status as Meaningful Use". The "Payment Year" is set to 1 and the "Program Year" is set to 2012. A tabbed interface at the bottom shows "Account Information", "Eligibility", "EHR Use", "Meaningful Use" (selected), and "Attestation". The "Clinical Quality Measures" section is titled "Questionnaire(15 of 15)". It states: "Responses are required for the clinical quality measures displayed on this page." The measure is identified as "NQF 0376,VTE-6" with the title "Incidence of potentially preventable VTE." Definitions for Denominator, Numerator, and Exclusion are provided, all requiring positive whole numbers. Input fields for Denominator (0), Numerator (0), and Exclusion (0) are present. At the bottom, instructions state: "Please select the PREVIOUS PAGE button to go back, or the SAVE & CONTINUE button to proceed." Two buttons, "PREVIOUS PAGE" and "SAVE & CONTINUE", are displayed.

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

- The Numerator and Denominator must be a whole number.
- Enter exclusion if applicable.

Please note that selecting "Previous Page" prior to saving will result in the data on the current screen not being saved.

7.16 Summary of Measures – Core Clinical Quality Measures



South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filed with BHR Status as Meaningful Use

Payment Year: 1 Program Year: 2012

Account Information Eligibility EHR Use Meaningful Use **Attestation**

Summary of Measures

Core Clinical Quality Measures

Title	Description	Entered	Select
NQF 0495, Emergency Department (ED)-1 Emergency Department Throughput ED-1.1: All ED patients admitted to the facility from the ED ED-1.2: Observation ED patient stratification ED-1.3: Dx stratification ED patients	Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.	Denominator = 300 Numerator 1= 90 Exclusion = 60 Denominator = 100 Numerator 2= 60 Denominator = 150 Numerator 3= 60	Edit
NQF 0497, Emergency Department (ED)-2 Emergency Department Throughput ED-2.1: All ED patients admitted to inpatient status ED-2.2: Observation ED patient stratification ED-2.3: Dx stratification ED patients	Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.	Denominator = 300 Numerator 1= 60 Exclusion = 120 Denominator = 80 Numerator 2= 60 Denominator = 80 Numerator 3= 30	Edit
NQF 0435, Stroke-2 Title: Ischemic stroke - Discharge on anti-thrombotics.		Denominator = 50 Numerator = 50 Exclusion = 0	Edit
NQF 0436, Stroke-3 Title: Ischemic stroke - Anticoagulation for A-fib/flutter.		Denominator = 100 Numerator = 30 Exclusion = 70	Edit
NQF 0437, Stroke-4 Title: Ischemic stroke - Thrombolytic therapy for patients arriving within 2 hours of symptom onset.		Denominator = 0 Numerator = 0 Exclusion = 0	Edit
NQF 0438, Stroke-5 Title: Ischemic or hemorrhagic stroke - Antithrombotic therapy by day 2.		Denominator = 0 Numerator = 0 Exclusion = 0	Edit
NQF 0439, Stroke-6 Title: Ischemic stroke -Discharge on statins.		Denominator = 1 Numerator = 1 Exclusion = 0	Edit
NQF 0440, Stroke-8 Title: Ischemic or hemorrhagic stroke -Stroke Education.		Denominator = 1 Numerator = 1 Exclusion = 1	Edit
NQF 0441, Stroke-10 Title: Ischemic or hemorrhagic stroke - Rehabilitation assessment.		Denominator = 2 Numerator = 0 Exclusion = 2	Edit
NQF 0371, VTE-1 Title: VTE prophylaxis within 24 hours of arrival.		Denominator = 1 Numerator = 0 Exclusion = 1	Edit
NQF 0372, VTE-2 Title: Intensive Care Unit VTE prophylaxis.		Denominator = 2 Numerator = 2 Exclusion = 0	Edit
NQF 0373, VTE-3 Title: Anticoagulation overlap therapy.		Denominator = 5 Numerator = 0 Exclusion = 5	Edit
NQF 0374, VTE-4 Title: Platelet monitoring on unfractionated heparin.		Denominator = 4 Numerator = 4 Exclusion = 0	Edit

Summary of Measures – Clinical Quality Measures – Continued

NQF 0374, VTE-4 Title: Platelet monitoring on unfractionated heparin.	Denominator = 4 Numerator = 4 Exclusion = 0	Edit
NQF 0375, VTE-5 Title: VTE discharge instructions.	Denominator = 5 Numerator = 5 Exclusion = 0	Edit
NQF 0376, VTE-6 Title: Incidence of potentially preventable VTE.	Denominator = 0 Numerator = 0 Exclusion = 0	Edit
To Edit information, select the EDIT link next to the measure you would like to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.		
MOVE TO MU TOPICS		

At this point, the Additional Clinical Quality Measures can be reviewed. To Edit the information, select the EDIT link next to the measure to edit. Select the MOVE TO MU TOPICS button to skip viewing the summary and move to Meaningful Use Topics.

7.17 Topics for Meaningful Uses



[Home](#) [Contact Us](#) [Change Password](#) [Payments](#) [My Issues](#) [Add Issue](#) [Logout](#)

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Program Qualification Filled with EHR Status as Meaningful Use

Payment Year: Program Year:

[Account Information](#) [Eligibility](#) [EHR Use](#) [Meaningful Use](#) [Attestation](#)

Topics for Meaningful Use

Topics

The data required for Meaningful Use is grouped into topics. In order to proceed with attestation, you must complete ALL of the following topics.

- ☒ [Edit Meaningful Use Info](#)
- ☒ [Edit Meaningful Use Core Measures](#) : Eligible hospitals are required to attest to 14 core measures
- ☒ [Edit Meaningful Use Menu Measures](#) : Eligible hospitals are required to attest to 5 of 10 menu measures
- ☒ [Edit Clinical Quality Measures](#) : Eligible hospitals are required to attest to 15 menu measures

Note: When all topics are marked as completed, select the **PROCEED WITH ATTESTATION** button to complete the attestation process.

PROCEED WITH ATTESTATION

Updates can be made to the measures that they have been previously entered. By clicking on the blue hyperlinks of the measures, the measures can be reviewed and updated. If there are no changes to be made, select the 'Proceed with Attestation' button to continue.

8. Attestation

Edit information entered and save if necessary. Confirm, sign and submit. Once submitted, the provider will not be able to update or change the attested information.

DSS
Strong Families – South Dakota's Foundation and Our Future
South Dakota Department of Social Services

Home | Contact Us | Change Password | Payments | My Issues | Add Issue | Logout

South Dakota Medicaid EHR Incentive Payment Program

Welcome, Test Noble Hospital
Provider Type: Eligible Hospital (EH)
Status: Meaningful Use Filed

Payment Year: Program Year:

Account Information | Eligibility | EHR Use | Meaningful Use | **Attestation**

Account Information

CMS Account Details

Name:	Test Noble Hospital
Address1:	306 Prairie Ave SW
Address2:	Ste 100
City:	De Smet
State:	SD
Zip Code:	57231-2285
Phone Number:	(605) 854-3329
Email Address:	supriya.gidye@cityustech.com
Payment Year:	1
Applicant NPI:	8888801175
Applicant TIN:	460-34-5312 (EIN)
Payee NPI:	
Payee TIN:	
CCN:	431335
Program Option:	Dually Eligible
Medicaid State:	SD
Provider Type:	Acute Care Hospital
Provider Specialty:	ACUTE CARE HOSPITAL,HOME HEALTH AGENCY

Contact Details

Name:	John Doe
Email Address:	
Phone No:	6051221222

Edit Contact Details Review

← Select edit contact information if appropriate to update after reviewing

EH Eligibility

Eligible Hospital

You are a: Acute Care Hospital Is your Average length of stay 25 days or less? Yes

Patient Volume

Enter any continuous 90 day period in the previous fiscal year (Oct 1-Sept 30) for reporting patient volume

Start Date: 05/16/2011
End Date: 08/13/2011
Medicaid inpatient discharges: 1000
Medicaid emergency department encounters: 10
Total inpatient discharges: 1000
Total emergency department encounters: 10
Select county for CHIP %: Lawrence
Medicaid patient volume: 93.00%

Growth Rate Average

Select the end date of hospitals most recently filled 12 month cost reporting period: 05/01/2012
Total discharges in the reporting hospital's fiscal year: 1000
Total number of discharges one year prior: 900
Total number of discharges two years prior: 800
Total number of discharges three years prior: 700
Average Annual Growth Rate: 12.63%

Medicaid Share

Total inpatient medicaid days: 100 day(s)
Total inpatient hospital days: 110 day(s)
Total hospital charges: \$1,000.00
Charity care charges: \$10.00
Average Length of Stay: 0.11 day(s)
Medicaid share: 91.83%
Medicaid Aggregate EHR Incentive Amount: \$4,615,323.92
Estimated EHR incentive payment - year 1: \$1,846,129.57

Edit EH Details

← Select edit contact information if appropriate to update after reviewing

EHR Use Details

Do you have a Certified EHR? Yes
CMS EHR Certification Number: Q000000010CVMAQ
Status of EHR: Meaningful use
Attested with the medicare EHR incentive program: No
EHR Status description including vendor name and version: desc
Regional Extension Center: No
Regional Extension Center Description:
Supported Documents uploaded: None

Edit EHR Use Details

Meaningful Use

[Summary of Meaningful Use Info](#)
[Summary of Meaningful Use Core Measures](#)
[Summary of Meaningful Use Menu Measures](#)
[Summary of Clinical Quality Measures](#)

Edit MU Details

Attestation Statement

You are about to submit your attestation for EHR Certification Number Q000000010CVMAQ.

Please check the box next to each statement below to attest, then select the Submit button to complete your attestation:

- ☒ The information submitted for CQMs was generated as output from an identified certified EHR technology.
- ☒ The information submitted is accurate to the knowledge and belief of the EH.
- ☒ The information submitted is accurate and complete for numerators, denominators, exclusions and measures applicable to the EH.
- ☒ The information submitted includes information on all patients to whom the measure applies.
- ☒ A zero was reported in the denominator of a measure when an EH did not care for any patients in the denominator population during the EHR reporting period.

Review and checking each statement is required to complete attestation

Terms of Use [Review](#)

I hereby agree to keep records for a minimum of six years to demonstrate that I met all of the South Dakota Medicaid EHR Incentive Payment Program requirements and to furnish those records to South Dakota Medicaid EHR Incentive Payment Program upon request.

The state will pursue repayment in all instances of improper and duplicate payment. I certify I am not receiving Medicaid EHR incentive funds from any other state or commonwealth and have not received a payment from South Dakota Medicaid EHR Incentive Payment Program for this year. EHR incentive payments will be treated like all other income and are subject to federal and state laws regarding income tax, wage garnishment, and debt recoupment.

I understand that reassignment of payment is voluntary and the reassigning provider will not receive the incentive payment directly.

No Medicaid EHR Incentive Program payment may be paid unless this attestation form is completed and accepted as required by existing law and regulations (42 CFR 495.10).

☒ I attest to the submitted information terms and conditions.

This is to certify that the foregoing information is true, accurate, and complete. I understand that the Medicaid EHR incentive payments I requested through the South Dakota Medicaid EHR Incentive Payment Program will be paid from Federal funds, and that any false claims, statements, or documents, or the concealment of a material fact used to obtain incentive payment, may be prosecuted under Federal or State laws.

Enter Initials:

Enter initials to attest and sign

Attested Date: 10/19/2012

Submit

Check here to attest to the submitted information

Select Submit. The submitted information will not be edited upon submission

9. Payment Details

The payment details tab provides payment summary and history information

Payment Details

Summary

Payment Year	Calculated Amount	Disbursed Amount
1	\$3,564,439.72	\$3,561,999.50

10. Issue Submission

Provider can open an issue, submit and view the status of an issue.

The screenshot displays a web interface for issue submission. At the top, a red-bordered box contains the message "Comments submitted successfully." and "Issue status updated upon submission". Below this is a text area for comments and a "Submit" button. Further down, a "Search for issues" section includes a "Status" dropdown menu set to "Open" and a "Search" button. Below the search section is a table with the following data:

Issue ID	Subject	Date	Status
10	New Issue	Mon, 12/12/2011 11:24	Open

Upon attestation submission, the SD Division of Medical Services will review the application and notify the provider of application status. Eligible hospitals must retain documentation for a minimum of six years.

South Dakota Medicaid EHR Incentive Payment Program

medicaidehr@state.sd.us