

EHR Incentive Programs: What's Changed for EHR Incentive Programs in 2015 through 2017 (Modified Stage 2)

Beginning in 2015, there are several changes to the Electronic Health Record (EHR) Incentive Programs objectives and measures for eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs).

These changes took effect on October 6, 2015 for all providers. Below is an overview of the changes that apply for the EHR Incentive Programs in 2015 through 2017 (Modified Stage 2).

Review the [EHR Incentive Programs in 2015 through 2017 Tip sheet](#) for a summary of all the requirements.

REQUIRED for All Providers in 2015 through 2017

Single Set of Objectives and Measures

- **Change:** All providers attest to a single set of objectives and measures. Eligible hospitals and CAHs report on 9 objectives, which includes one consolidated public health reporting objective with four measure options. EPs report on 10 objectives, which includes one consolidated public health reporting objective with three measure options.
- **Timing/Compliance:** Required in 2015 through 2017
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** To reduce the complexity of Medicare and Medicaid EHR Incentive Programs and to align more closely with Stage 3, starting in 2015, all providers are required to meet a single set of objectives and measures. These changes remove the menu and core structure of Stages 1 and 2, decrease the overall number of objectives to which a provider must attest, and reduce the reporting burden on “topped out” measures. All providers are required to use EHR technology certified to the 2014 Edition for an EHR reporting period in 2015, 2016, and 2017. Providers may upgrade early to EHR technology certified to the 2015 Edition for an EHR reporting period prior to 2018.

Modified Stage 2 Objectives 2015 - 2017	
<i>Eligible Professionals</i> <ol style="list-style-type: none"> 1. Protect Patient Health Information 2. Clinical Decision Support 3. Computerized Provider Order Entry 4. Electronic Prescribing 5. Health Information Exchange 6. Patient Specific Education 7. Medication Reconciliation 8. Patient Electronic Access 9. Secure Electronic Messaging 10. Public Health Reporting 	<i>Eligible Hospitals, CAHs</i> <ol style="list-style-type: none"> 1. Protect Patient Health Information 2. Clinical Decision Support 3. Computerized Provider Order Entry 4. Electronic Prescribing 5. Health Information Exchange 6. Patient Specific Education 7. Medication Reconciliation 8. Patient Electronic Access 9. Public Health Reporting

See [Appendix A](#) and [Appendix B](#) for a comparison of previous Stage 2 objectives and measures with the objectives and measures in 2015 through 2017 for EPs, eligible hospitals and CAHs.

REQUIRED for All Providers in 2015 through 2017

Alternate Exclusions and Specifications

- **Change:** For certain objectives and measures where there is not a Stage 1 measure equivalent to the Modified Stage 2 (2015 through 2017) measure or where a menu measure is now a requirement providers may claim an alternate exclusion or meet an alternate specification.
- **Timing/Compliance:** Added to 2015 and 2016
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** There are several alternate exclusions and specifications for certain measures in 2015 and 2016, which some providers may not otherwise be able to meet for those years because they require the implementation of certified EHR technology beyond the functions required for Stage 1.

See [Appendix C](#) for a full list of alternate exclusions and specifications for 2015 through 2017.

REQUIRED for All Providers in 2015 through 2017

EHR Reporting Period

- **Change:** The EHR reporting period for all providers in 2015 is any continuous 90 days within the calendar year. In 2016 and 2017, first time participants as well as any provider moving to Stage 3 in 2017 may use an EHR reporting period of any continuous 90 days. All returning participants would use an EHR reporting period of a full calendar year.
- **Timing/Compliance:** Required in 2015 through 2017
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** Starting in 2015, the EHR reporting period will be based on the calendar year. To allow CMS and providers time to implement the modifications to the EHR Incentive Programs, the EHR reporting period in 2015 is any continuous 90 days period. Maintaining the 90 day reporting period for new participants in 2016 and 2017 will assist new participants in demonstrating meaningful use in their first year of participation. Providing the 90 day reporting period for new Stage 3 participants in 2017 will help promote flexibility.

REQUIRED for All Providers in 2015 through 2017

Patient Electronic Access (VDT)

- **Change:** In 2015 and 2016, the threshold for the Patient Electronic Access objective, measure 2, is **equal to or greater than 1 patient**. (In 2017, the threshold is greater than **5%**.)

- **Timing/Compliance:** Added for 2015 and 2016
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** The change implements a phased approach for the Patient Electronic Access objective, measure 2. This modification assists providers to meet thresholds based on patient action, yet continues to promote patient access of their health information.

Patient Electronic Access, Measure 2 (Eligible Professionals):

For 2015 and 2016: For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

For 2017: For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.

Patient Electronic Access, Measure 2 (Eligible Hospitals/CAHs):

For 2015 and 2016: For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.

For 2017: For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.

REQUIRED for EPs in 2015 through 2017

Secure Messaging

- **Change:** For an EHR reporting period in 2015, the threshold for the Secure Messaging objective has been changed to **functionality fully enabled** (yes/no) during the EHR reporting period. In 2016, the threshold is functionality fully enabled (yes/no) and for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative); and in 2017, the threshold is functionality fully enabled (yes/no) and for more than 5% of unique patients seen by an EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).
- **Timing/Compliance:** Required for 2015 through 2017
- **Affected Providers:** EPs

- **What It Means:** The change implements a phased approach for the Secure Messaging objective for EPs. This modification assists providers to meet thresholds based on patient action.

Secure Messaging (EPs):

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

For 2016: For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

For 2017: For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.

REQUIRED for All Providers in 2015 through 2017

Public Health Reporting

- **Change:** All the public health reporting objectives are consolidated into one objective with measure options. For 2015 only, eligible hospitals and CAHs previously scheduled to be in Stage 1 in 2015 may meet 2 measures while eligible hospitals and CAHs previously scheduled to be in Stage 2 must meet 3 measures. For 2015 only, EPs previously scheduled to be in Stage 1 in 2015 may meet 1 measure, while EPs previously scheduled to be in Stage 2 must meet 2 measures.
- **Timing/Compliance:** Added for 2015 through 2017
- **Affected Providers:** EPs, eligible hospitals, and CAHs
- **What It Means:** This aligns with the structure of public health reporting in Stage 3.

Public Health Reporting – Eligible Professionals (Must meet two measures. Alternate Specification for Eligible Professionals: An EP scheduled to be in Stage 1 in 2015 may meet one measure)

EPs scheduled to be in Stage 1: Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 1, Measure 2 or Measure 3.
- An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C).

EPs scheduled to be in Stage 2: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3

- May claim an Alternate Exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure) or both.

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

Measure Option 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.

Measure Option 3 – Specialized Registry Reporting. The EP is in active engagement to submit data to a specialized registry.

Note: An EP may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Public Health Reporting – Eligible hospitals/CAHs (Attest to three measures unless scheduled to be in Stage 1 in 2015, then attest to two measures)

Eligible hospitals/CAHs scheduled to be in Stage 1: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4
- An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C).

Eligible hospitals/CAHs scheduled to be in Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4

- May claim an Alternate Exclusion for Measure 3 (Specialized Registry Reporting Measure)

Measure Option 1 – Immunization Registry Reporting: The eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.

Measure Option 2 – Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.

Measure Option 3 – Specialized Registry Reporting The eligible hospital or CAH is in active engagement to submit data to a specialized registry.

Note: An eligible hospital/CAH may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

Measure Option 4 – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic laboratory reporting (ELR) results.

REQUIRED for Eligible Hospitals and CAHs in 2015 through 2017

- **Change:** The electronic prescribing objective is now required (instead of a “menu” objective) with an exclusion available for certain eligible hospitals and CAHs.
- **Timing/Compliance:** Required for 2015 through 2017
- **Affected Providers:** Eligible hospitals and CAHs

- **What It Means:** Instead of the core and menu structure, the EHR Incentive Programs in 2015 through 2017 requires all providers to attest to a single set of objectives and measures, which now includes electronic prescribing for eligible hospitals and CAHs. To promote safety and quality for patients, CMS continues to support the use of electronic prescribing for discharge prescriptions in a hospital setting.

Electronic Prescribing (eRx) – Eligible Hospitals/CAHs

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

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

Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.

REMOVED OBJECTIVES AND MEASURES for EPs

- **Change:** Removed the following objectives: Record Demographics, Record Vital Signs, Record Smoking Status, Clinical Summaries, Structured Lab Results, Patient List, Patient Reminders, Summary of Care – Measures 1 and 3, Electronic Notes, Imaging Results, and Family Health History.
- **Timing/Compliance:** Removed from 2015 and beyond
- **Affected Providers:** EPs
- **What It Means:** These objectives and measures are identified as redundant, duplicative, or topped out, and therefore no longer required for the successful demonstration of meaningful use for EHR Incentive Programs in 2015 through 2017, or have been consolidated into other objectives.

REMOVED OBJECTIVES AND MEASURE FOR Eligible Hospitals/CAHs

- **Change:** Removed the following objectives: Record demographics, Record Vital Signs, Record Smoking Status, Structured Lab Results, Patient List, Summary of Care – Measures 1 and 3, eMAR, Advanced Directives, Electronic Notes, Imaging Results, Family Health History and Structure Labs to Ambulatory Providers.
- **Timing/Compliance:** Removed for 2015 and beyond
- **Affected Providers:** Eligible hospitals and CAHs
- **What It Means:** These objectives and measures are identified as redundant, duplicative, or topped out, and therefore no longer required for the successful demonstration of meaningful use for EHR Incentive Programs in 2015 through 2017, or have been consolidated into other objectives.

**Appendix A: Eligible Professionals
Comparison of Objectives and Measures between Stage 2 and EHR Incentive Programs in
2015 through 2017 (Modified Stage 2)**

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>Protect Electronic Health Information Protect electronic health information created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities.</p>	<p>Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs.</p>	<p>Protect Patient Health Information Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.</p>	<p>Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EPs risk management process.</p>
<p>Clinical Decision Support Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>	<p>Clinical Decision Support Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p> <p>Exclusion: For the second measure, any EP who writes fewer than 100 medication</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>CPOE Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.</p>	<p>Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.</p>	<p>CPOE Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>orders during the EHR reporting period.</p> <p>Measure 1: More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>Measure 2: More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</p>
<p>Electronic Prescribing (eRx) Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>Measure: More than 50 percent of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p>	<p>Electronic Prescribing (eRx) Generate and transmit permissible prescriptions electronically (eRx).</p>	<p>Measure: More than 50 percent of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusions: Any EP who:</p> <ul style="list-style-type: none"> Writes fewer than 100 permissible prescriptions during the EHR reporting period; or

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
			<ul style="list-style-type: none"> Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period.
<p>Summary of Care The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.</p>	<p>EPs must satisfy both of the following measures in order to meet the objective:</p> <p>Measure 1: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.</p> <p>Measure 2: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.</p> <p>Measure 3: An EP must satisfy one of the following criteria:</p>	<p>Health Information Exchange The EP who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>Measure: The EP that transitions or refers their patient to another setting of care or provider of care must - (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p> <p>Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
	<p>Conducts one or more successful electronic exchanges of a summary of care document, as part of which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B) with a recipient who has EHR technology that was developed designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2).</p> <p>Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</p>		
<p>Patient Specific Education Resources Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Measure: Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.</p>	<p>Patient Specific Education Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period.</p> <p>Exclusion: Any EP who has no office visits during the EHR reporting period.</p>
<p>Medication Reconciliation The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.</p>	<p>Measure: The EP who performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.</p>	<p>Medication Reconciliation The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</p>	<p>Measure: The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP.</p> <p>Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.</p>
<p>Patient Electronic Access (VDT) Provide patients the ability to view online,</p>	<p>Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting</p>	<p>Patient Electronic Access Provide patients the ability to view online,</p>	<p>Measure 1: More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>download and transmit their health information within four business days of the information being available to the EP.</p>	<p>period are provided timely (available to the patient within 4 business days after the information is available to the EP) online access to their health information.</p> <p>Measure 2: More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.</p>	<p>download, and transmit their health information within 4 business days of the information being available to the EP.</p>	<p>timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</p> <p>Measure 2: For an EHR reporting period in 2015 and 2016, at least one patient seen by the EP during the EHR reporting period (or patient authorized representative) views, downloads, or transmits to a third party his or her health information during the EHR reporting period.</p> <p>For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.</p> <p>Exclusions: Any EP who--</p> <ul style="list-style-type: none"> • Neither orders nor creates any of the information listed for inclusion as part of the measures; or • Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.
<p>Secure Electronic Messaging Use secure electronic messaging to</p>	<p>Measure: A secure message was sent using the electronic messaging function of CEHRT by more</p>	<p>Secure Electronic Messaging Use secure electronic messaging to</p>	<p>Measure: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
communicate with patients on relevant health information.	than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.	communicate with patients on relevant health information.	<p>message with the EP was fully enabled during the EHR reporting period.</p> <p>For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.</p> <p>For an EHR reporting period in 2017, for more than 5 percent of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period.</p> <p>Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period</p>
N/A	N/A	Public Health Reporting	Measure Option 1 – Immunization Registry

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
		<p>The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice.</p>	<p>Reporting: The EP is in active engagement with a public health agency to submit immunization data.</p> <p>Exclusions: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:</p> <ul style="list-style-type: none"> • Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; • Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period. <p>Measure Option 2 – Syndromic Surveillance Reporting: The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p>Exclusion for EPs: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
			<ul style="list-style-type: none"> • Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; • Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period. <p>Measure Option 3 – Specialized Registry Reporting: The EP is in active engagement to submit data to a specialized registry.</p> <p>Exclusions: Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:</p> <ul style="list-style-type: none"> • Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; • Operates in a jurisdiction for which no specialized registry is capable of accepting electronic

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
			<p>registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <ul style="list-style-type: none"> Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. <p>Note: An EP may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.</p>
<p>Record Demographics Record the following demographics: preferred language, sex, race, ethnicity, date of birth.</p>	<p>Measure: More than 80 percent of all unique patients seen by the EP have demographics recorded as structured data.</p>	<p>No longer a separate objective for Stage 2.</p>	<p>This is included as part of the Summary of Care objective, and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</p>
<p>Record Vital Signs Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.</p>	<p>Measure: More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.</p>	<p>No longer a separate objective for Stage 2.</p>	<p>This is included as part of the Summary of Care objective, and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</p>
<p>Record Smoking Status Record smoking status for patients 13 years old or older.</p>	<p>Measure: More than 80 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.</p>	<p>No longer a separate objective for Stage 2.</p>	<p>This must be made available to patients as part of Patient Electronic Access objective.</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>Clinical Summaries: Provide clinical summaries for patients for each office visit.</p>	<p>Measure: Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.</p>	<p><i>No longer a separate objective for Stage 2.</i></p>	<p><i>Removed this objective because it included paper-based actions, and there is a viable health IT-based solution.</i></p>
<p>Clinical Lab Test Results Incorporate clinical lab-test results into Certified EHR Technology (CEHRT) as structured data</p>	<p>Measure: More than 55 percent of all clinical lab tests results ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data</p>	<p><i>No longer a separate Stage 2 objective.</i></p>	<p><i>This is included as part of the Summary of Care objective, and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</i></p>
<p>Patient Lists Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.</p>	<p>Measure: Generate at least one report listing patients of the EP with a specific condition.</p>	<p><i>No longer a separate Stage 2 objective.</i></p>	<p><i>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</i></p>
<p>Preventive Care Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminders, per patient preference.</p>	<p>Measure: More than 10 percent of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.</p>	<p><i>No longer a separate Stage 2 objective.</i></p>	<p><i>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</i></p>
<p>Immunization Registries Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.</p>	<p>Measure: Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.</p>	<p><i>No longer a separate Stage 2 objective.</i></p>	<p><i>This is now included as part of the Public Health Reporting objective.</i></p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>Syndromic Surveillance Data Submission [Menu Objective] Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice.</p>	<p>Measure: Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>This is now included as part of the Public Health Reporting objective.</p>
<p>Electronic Notes [Menu Objective] Record electronic notes in patient records.</p>	<p>Measure: Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content</p>	<p>No longer a separate Stage 2 objective.</p>	<p>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</p>
<p>Imaging Results [Menu Objective] Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.</p>	<p>Measure: More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</p>
<p>Family Health History [Menu Objective] Record patient family health history as structured data.</p>	<p>Measure: More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</p>

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measures
<p>Report Cancer Cases [Menu Objective] Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice.</p>	<p>Measure: Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>CMS did not finalize the case reporting option for the EHR Incentive Program in 2015 through 2017.</p>
<p>Report Specific Cases [Menu Objective] Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.</p>	<p>Measure: Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>CMS did not finalize the case reporting option for the EHR Incentive Program in 2015 through 2017.</p>

**Appendix B: Eligible Hospitals/Critical Access Hospitals
Comparison of Stage 2 Objectives and Measures**

Stage 2 Objective	Stage 2 Measure	Modified Stage 2 Objective	Modified Stage 2 Measure
<p>Protect Electronic Health Information Protect electronic health information created or maintained by the Certified EHR Technology through the implementation of appropriate technical capabilities.</p>	<p>Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/ security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals.</p>	<p>Protect Patient Health Information Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.</p>	<p>Measure: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the eligible hospital or CAH's risk management process..</p>
<p>Clinical Decision Support Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be</p>	<p>Clinical Decision Support Use clinical decision support to improve performance on high-priority health conditions.</p>	<p>Measure 1: Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an, eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p>Measure 2: The eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p>

	<p>related to improving healthcare efficiency.</p> <p>Measure 2. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p>		
<p>CPOE Use computerized provider order entry (CPOE) for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>Measure: More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.</p>	<p>CPOE Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p>Measure 1: More than 60 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 2: More than 30 percent of laboratory orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Measure 3: More than 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p>
<p>Electronic Prescribing (eRx) [Menu Objective] Generate and transmit permissible discharge prescriptions electronically (eRx).</p>	<p>Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using</p>	<p>Electronic Prescribing (eRx) Generate and transmit permissible discharge prescriptions electronically (eRx).</p>	<p>Measure: More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusion: Any eligible hospital or CAH that does not have an</p>

	certified EHR technology.		internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.
<p>Summary of Care</p> <p>The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>Measure 1:</p> <p>The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.</p> <p>Measure 2:</p> <p>The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.</p> <p>Measure 3:</p>	<p>Health Information Exchange</p> <p>The eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.</p>	<p>Measure: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must - (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals.</p>

	<p>The eligible hospital or CAH must satisfy one of the two following criteria:</p> <p>Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or</p> <p>Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</p>		
<p>Patient Specific Education Resources Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by Certified EHR Technology.</p>	<p>Patient Specific Education Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.</p>	<p>Measure: More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.</p>
<p>Medication Reconciliation 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.</p>	<p>Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or</p>	<p>Medication Reconciliation The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.</p>	<p>Measure: The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).</p>

	CAH's inpatient or emergency department (POS 21 or 23).		
<p>Patient Electronic Access (VDT) Provide patients the ability to view online, download, and transmit information about a hospital admission.</p>	<p>Measure 1: More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online, with the ability to view, download, and transmit to a third party information about a hospital admission, within 36 hours of discharge.</p> <p>Measure 2: More than 5 percent of all patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH during the reporting period view, download or transmit to a third party their information.</p>	<p>Patient Electronic Access Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.</p>	<p>Measure 1: More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.</p> <p>Measure 2: For an EHR reporting period in 2015 and 2016, at least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p> <p>For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.</p> <p>Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>
N/A	N/A	<p>Public Health Reporting The eligible hospital or CAH is in active engagement with a public health agency to submit electronic</p>	<p>Measure Option 1 – Immunization Registry Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data.</p>

		<p>public health data from CEHRT except where prohibited and in accordance with applicable law and practice.</p>	<ul style="list-style-type: none"> • Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; • Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the eligible hospital or CAHs at the start of the EHR reporting period. <p>Measure Option 2 – Syndromic Surveillance Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p><u>Exclusion for eligible hospitals/CAHs:</u> Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> • Does not have an emergency or urgent care department; • Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at
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			<p>the start of the EHR reporting period; or</p> <ul style="list-style-type: none"> Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period. <p>Measure Option 3 – Specialized Registry Reporting: The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</p> <p>Exclusions: Any eligible hospital or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or Operates in a jurisdiction where no specialized registry for which the eligible hospital or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. <p>Note: An eligible hospital/CAH may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required</p>
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			<p>number of measures for the objective.</p> <p>Measure Option 4 – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic laboratory reporting (ELR) results.</p> <p>Exclusions: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> • Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; • Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or • Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.
<p>Record Demographics Record all of the following demographics: preferred language, sex, race, ethnicity, date of birth, date and preliminary cause of death in the event of mortality in the eligible hospital or CAH.</p>	<p>Measure: More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.</p>	<p>No longer a separate objective for Stage 2.</p>	<p><i>This is included as part of the Summary of Care objective and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</i></p>
<p>Record Vital Signs Record and chart</p>	<p>Measure: More than 80 percent of all</p>	<p>No longer a separate objective for Stage 2.</p>	<p><i>This is included as part of the Summary of Care objective and</i></p>

<p>changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.</p>	<p>unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.</p>		<p><i>must be made available to patients as part of the Patient Electronic Access (VDT) objective</i></p>
<p>Record Smoking Status Record smoking status for patients 13 years old or older.</p>	<p>Measure: More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.</p>	<p>No longer a separate objective for Stage 2.</p>	<p><i>This is included as part of the Summary of Care objective and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</i></p>
<p>Clinical Lab Test Results Incorporate clinical lab test results into Certified EHR Technology as structured data.</p>	<p>More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.</p>	<p>No longer a separate Stage 2 objective.</p>	<p><i>This is included as part of the Summary of Care objective, and must be made available to patients as part of the Patient Electronic Access (VDT) objective.</i></p>

<p>Patient Lists Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.</p>	<p>Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.</p>	<p>No longer included as a separate objective for Stage 2.</p>	<p>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</p>
<p>Immunization Registries Data Submission Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice.</p>	<p>Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period</p>	<p>No longer a separate Stage 2 objective.</p>	<p>This is included as part of the Public Health Reporting objective.</p>
<p>Electronic Reportable Laboratory Results Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and in accordance with applicable law and practice.</p>	<p>Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>This is included as part of the Public Health Reporting objective.</p>
<p>Syndromic Surveillance Data Submission Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.</p>	<p>Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.</p>	<p>No longer a separate Stage 2 objective.</p>	<p>This is included as part of the Public Health Reporting objective.</p>
<p>Electronic Medication Administration Record (eMAR) Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication</p>	<p>More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for</p>	<p>No longer a separate Stage 2 objective.</p>	<p>Removed this measure because it met criteria as either redundant, duplicative, or topped out.</p>

administration record (eMAR).	which all doses are tracked using eMAR.		
Advance Directive [Menu Objective] Record whether a patient 65 years old or older has an advance directive.	More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	No longer a separate Stage 2 objective.	
Electronic Notes [Menu Objective] Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	No longer a separate Stage 2 objective.	Removed this measure because it met criteria as either redundant, duplicative, or topped out.
Imaging Results [Menu Objective] Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through Certified EHR Technology.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through	No longer a separate Stage 2 objective.	Removed this measure because it met criteria as either redundant, duplicative, or topped out.

	Certified EHR Technology.		
Family Health History [Menu Objective] Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	No longer a separate Stage 2 objective.	Removed this measure because it met criteria as either redundant, duplicative, or topped out.
Lab Results to Ambulatory Providers [Menu Objective] Provide structured electronic lab results to ambulatory providers.	Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of electronic lab orders received.	No longer a separate Stage 2 objective.	Removed this measure because it met criteria as either redundant, duplicative, or topped out.

Appendix C: Alternate Exclusions and Specifications for Eligible Professionals, Eligible Hospitals, and Critical Access Hospitals

Alternate Exclusions and Specifications	
<i>Eligible Professionals (EPs)</i>	
Clinical Decision Support	<p><i>For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of measure 1:</i></p> <p>Alternate Objective and Measure:</p> <p>Objective: Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</p>
CPOE	<p><i>If for an EHR reporting period in 2015 for 2016, the provider is scheduled to demonstrate Stage 1:</i></p> <p>Alternate Measure 1: For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p> <p>Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p>
Electronic prescribing (eRx)	<p>Alternate EP Measure: For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT.</p>
Health Information Exchange	<p>Alternate Exclusion: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>
Patient Specific Education	<p>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.</p>
Medication Reconciliation	<p>Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not select the Stage 1 Medication Reconciliation menu objective.</p>

Patient Electronic Access	Alternate Exclusion: Providers may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Secure Messaging	Alternate Exclusion: An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Public Health Reporting	<p>Alternate Exclusions:</p> <p><i>EPs scheduled to be in Stage 1:</i> Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3.</p> <ul style="list-style-type: none"> • May claim an Alternate Exclusion for Measure 1, Measure 2, or Measure 3. • An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i)(C). <p><i>EPs scheduled to be in Stage 2:</i> Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.</p> <ul style="list-style-type: none"> • May claim an alternate exclusion for Measure 2 or Measure 3 (Syndromic Surveillance Measure or Specialized Registry Reporting Measure) or both.
Eligible Hospitals and CAHs	
Clinical Decision Support	<p><i>For an EHR reporting period in 2015 only, an eligible hospital or CAH who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of measure 1:</i></p> <p>Alternate Objective and Measure:</p> <p>Objective: Implement one clinical decision support rule relevant to specialty or high priority hospital condition along with the ability to track compliance with that rule.</p> <p>Measure: Implement one clinical decision support rule.</p>
CPOE	<p>Alternate Measure 1: For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p> <p>Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015; and, providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p>

Electronic Prescribing (eRx)	Alternate Exclusion: The eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 if they were either scheduled to demonstrate Stage 1, which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but do not select the Stage 2 eRx objective for an EHR reporting period in 2015; and, the eligible hospital or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2016 if they were either scheduled to demonstrate Stage 1 in 2015 or 2016, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.
Health Information Exchange	Alternate Exclusion: Provider may claim an exclusion for the Stage 2 measure that requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015, they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Patient Specific Education	Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.
Medication Reconciliation	Alternate Exclusion: Provider may claim an exclusion for the measure of the Stage 2 Medication Reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.
Patient Electronic Access (VDT)	Alternate Exclusion: Provider may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.
Public Health Reporting	<p>Alternate Exclusions:</p> <p><i>Eligible hospitals/CAHs scheduled to be in Stage 1:</i> Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> • May claim an Alternate Exclusion for Measure 1, Measure 2, Measure 3 or Measure 4. • An Alternate Exclusion may only be claimed for up to three measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(ii)(C). <p><i>Eligible hospitals/CAHs scheduled to be in Stage 2:</i> Must attest to at least 3 measures from the Public Health Reporting Objective Measures 1-4.</p> <ul style="list-style-type: none"> • May claim an alternate exclusion for Measure 3 (Specialized Registry Reporting Measure).