



## Summary of 2015-2017 Meaningful Use (MU) Final Rule

### *Highlights*

- The rule establishes MU program requirements for 2015 - 2017, creating a new “Modified Stage 2.”
- All providers, including those in the Medicaid program, would attest to a single set of objectives and measures beginning in 2015.
- The Modified Stage 2 program reduces the number of requirements and lowers certain measure thresholds compared to Stage 2.
- All providers are required to move to Stage 3 beginning in 2018 regardless of their prior participation or Stage of MU.

### *Modified Stage 2*

- The final rule establishes a modified version of Stage 2 for 2015 - 2017 for all participants.
- Participants would follow the below timeline:
  - **2015:** All participants must follow Modified Stage 2 with accommodations for providers who were schedule to demonstrate Stage 1 in 2015
  - **2016:** All participants would follow the Modified Stage 2 with a smaller set of accommodations for providers who were scheduled to demonstrate Stage 1 in 2016
  - **2017:** Participants may select to report on
    - Modified Stage 2; or
    - The full version of Stage 3 outlined in the Stage 3 rule
  - **2018:** All participants would follow the full version of Stage 3
- The timing of each Stage is reflected in the chart below:

**TABLE 1: STAGE OF MEANINGFUL USE CRITERIA BY FIRST YEAR**

First Year Demonstrating Meaningful Use	Stage of Meaningful Use				
	2015	2016	2017	2018	2019 and future years
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2014	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2015	Modified Stage 2	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2016	- NA -	Modified Stage 2	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2017	-NA -	- NA -	Modified Stage 2 or Stage 3	Stage 3	Stage 3
2018	-NA -	- NA -	- NA -	Stage 3	Stage 3
2019 and future years	- NA -	- NA -	- NA -	- NA -	Stage 3

***Payment Adjustments and Hardship Exceptions***

- The Centers for Medicare & Medicaid Services (CMS) has not added any new hardship exception categories or changed the MU penalty amounts.
- However, CMS has released a new [FAQ](#) (#12845) that allows any provider to apply for a hardship exception for 2015 under the “extreme and uncontrollable” circumstances category due to the lateness of the modifications rule.
- The agency has also clarified that physicians switching EHRs or experiencing issues with a vendor product may apply for a hardship exemption under the existing “extreme and uncontrollable circumstances” category.

**Reporting Period**

- **2015:** 90-day reporting period is used for all providers for 2015 whether new to MU or have started the program prior to 2015.
  - For 2015, eligible professionals (EPs) may select any continuous 90-day period from January 1, 2015 through December 31, 2015
  - For 2015, EPs must attest by February 29, 2016 to avoid an MU penalty.
- **2016:**
  - **New Participants** can report on a 90-day period but must attest before October 1, 2016 to avoid the penalty.
  - **All returning participants** would use a full calendar year reporting period.
- **2017:**
  - **New participants** can use a 90-day reporting period but must attest before October 1, 2017 to avoid the penalty.
  - **All returning participants** must use a full calendar year reporting period.
  - Providers have the option of moving to Stage 3 in 2017 and use a 90-day reporting period.

The reporting periods to avoid a penalty for EPs is outlined below:

**TABLE 18 - EHR REPORTING PERIODS AND RELATED PAYMENT ADJUSTMENT YEARS FOR EPs**

2015			
	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2016	Applies to avoid a payment adjustment in CY 2017
<b>EPs who have not successfully demonstrated meaningful use in a prior year (new participants)</b>	Any continuous 90-day period in CY 2015	Yes, if EP successfully attests by February 29, 2016	Yes, if EP successfully attests by February 29, 2016
<b>EPs who have successfully demonstrated meaningful use in a prior year (returning participants)</b>	Any continuous 90-day period in CY 2015	No	Yes, if EP successfully attests by February 29, 2016

2016			
	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2017	Applies to avoid a payment adjustment in CY 2018
EP new participants	Any continuous 90-day period in CY 2016	Yes, if EP successfully attests by October 1, 2016	Yes, if EP successfully attests by February 28, 2017
EP returning participants	CY 2016	No	Yes, if successfully attest by February 28, 2017
2017			
	EHR reporting period for a payment adjustment year	Applies to avoid a payment adjustment in CY 2018	Applies to avoid a payment adjustment in CY 2019
EP new participants	Any continuous 90-day period in CY 2017	Yes, if EP successfully attests by October 1, 2017	N/A
EP returning participants	N/A	N/A	N/A
Medicaid EP returning participants demonstrating Stage 3	Any continuous 90-day period in CY 2017	No	Yes, if successfully attest by February 28, 2018

***Meaningful Use Objectives and Measures for 2015 through 2017***

- The final rule eliminates the distinction between core and menu objectives; all retained objectives and measures are required.
- The objectives and measures in Modified Stage 2 are generally based off of Stage 2 objectives and measures (with some accommodations described in more detail below)
- **For Stage 1 EPs:** Three current menu objectives would now be required. These include:
  - Stage 1 Menu: Perform Medication Reconciliation
  - Stage 1 Menu: Patient Specific Educational Resources
  - Stage 1 Menu: Public Health Reporting Objectives (multiple options)
- **For Stage 2 EPs:** At least one menu Public Health measure would now be required.

**PREVIOUS STAGE STRUCTURE COMPARED TO MODIFIED STRUCTURE**

	<b>Current Stage 1 Structure</b>	<b>Modified Stage 2 Structure</b>
EP	13 core objectives 5 of 9 menu objectives including 1 public health objective	9 core objectives 1 public health objective (1 measure for 2015; 2 measures for 2016-2017)
EH/CAH	11 core objectives 5 of 10 menu objectives including 1 public health objective	8 core objectives 1 public health objective (2 measures for 2015; 3 for 2016-2017)
	<b>Current Stage 2 Structure</b>	<b>Modified Stage 2 Structure</b>
EP	17 core objectives including public health objectives 3 of 6 menu objectives	9 core objectives 1 public health objective (2 measures)
EH/CAH	16 core objectives including public health objectives 3 of 6 menu objectives	8 core objectives 1 public health objective (3 measures)

***“Topped Out”/Redundant Measures Removed***

- The following Stage 2 measures are removed from Modified Stage 2 as they were deemed redundant, duplicative, or had reached a performance level considered to be "topped out" starting in 2015

**TABLE 3: OBJECTIVES AND MEASURES IDENTIFIED BY PROVIDER TYPE WHICH ARE REDUNDANT, DUPLICATIVE OR TOPPED OUT**

<b>Provider Type</b>	<b>Objectives and Measures</b>	
Eligible Professional	Record Demographics	42 CFR §495.6 (j)(3)(i) and (ii)
	Record Vital Signs	42 CFR §495.6 (j)(4) (i) and (ii)
	Record Smoking Status	42 CFR §495.6 (j)(5) (i) and (ii)
	Clinical Summaries	42 CFR §495.6 (j)(11) (i) and (ii)
	Structured Lab Results	42 CFR §495.6 (j)(7) (i) and (ii)
	Patient List	42 CFR §495.6 (j)(8) (i) and (ii)
	Patient Reminders	42 CFR §495.6 (j)(9) (i) and (ii)
	Summary of Care Measure 1 – Any Method Measure 3 – Test	42 CFR §495.6 (j)(14) (i) and (ii)
	Electronic Notes	42 CFR §495.6 (j)(9) (i) and (ii)
	Imaging Results	42 CFR §495.6 (k)(6) (i) and (ii)
	Family Health History	42 CFR §495.6 (k)(2) (i) and (ii)
	Eligible Hospital/CAH	Record Demographics
Record Vital Signs		42 CFR §495.6 (l)(3) (i) and (ii)
Record Smoking Status		42 CFR §495.6 (l)(4) (i) and (ii)
Structured Lab Results		42 CFR §495.6 (l)(6) (i) and (ii)
Patient List		42 CFR §495.6 (l)(7) (i) and (ii)
Summary of Care Measure 1 – Any Method Measure 3 – Test		42 CFR §495.6 (l)(11) (i) and (ii)
eMAR		42 CFR §495.6 (l)(16) (i) and (ii)
Advanced Directives		42 CFR §495.6 (m)(1) (i) and (ii)
Electronic Notes		42 CFR §495.6 (m)(2) (i) and (ii)
Imaging Results		42 CFR §495.6 (m)(2) (i) and (ii)
Family Health History		42 CFR §495.6 (m)(3) (i) and (ii)
Structure Labs to Ambulatory Providers		42 CFR §495.6 (m)(6) (i) and (ii)

***Accommodations for Stage 1 Providers in 2015 and 2016: Alternate Exclusions and Specifications***

- Recognizing that those previously scheduled to meet Stage 1 in 2015 and 2016 may face challenges meeting the Modified Stage 2 program, the rule adopts lower measure thresholds or exclude certain measures for these participants:
  - **Use Lower Stage 1 Thresholds:** Applies to EPs that would have been in Stage 1 in 2015. Beginning in 2016, all providers would use the Modified Stage 2 thresholds.

- **Example:** Electronic prescribing objective in Stage 1 required that 40 percent of prescriptions written by the EP must be sent electronically, whereas in Stage 2 and Modified Stage 2 the threshold is more than 50 percent. For 2015, providers scheduled to demonstrate Stage 1 of meaningful use may attest using the Stage 1 measure threshold (40 percent) rather than 50 percent. In 2016, all participants will need to use the higher 50 percent or more threshold.
  - **Where no Equivalent Measure Exists, Measure not Required:** Applies to participants who would have been in Stage 1 in 2015. For 2016, participants that would have been in Stage 1 can claim a smaller subset of exclusions.
    - For objectives where there is a measure that is not equivalent between Stage 1 and Stage 2 or where the objective moves from menu to core between Stage 1 and Stage 2, CMS may allow an **exclusion**.
      - Example: Patient Electronic Access has the same requirements for one measure (more than 50 percent of patients are provided access to their health information) for both Stage 1 and Stage 2, but also have an additional measure for Stage 2 (more than 5 percent of patients view, download, or transmit their health information). Participants who would have been in Stage 1 in 2015 may seek an exclusion for this second measure under Modified Stage 2.
    - For **consolidated objectives**, all providers would be required to **attest to the Stage 2** objective and measures.
      - Example: Where multiple objectives from Stage 1 were consolidated into a single objective for Stage 2, such as drug-drug and drug-allergy decision support interventions.
    - **In 2016, EPs who would have been in Stage 1 in 2016 can exclude the following Modified Stage 2 requirements:**
      - Measures 2 and 3 (lab and radiology orders) of CPOE
      - EPs must still report on the Health Information Exchange Objective
  - Participants are not required to claim every exclusion or lower threshold but may choose measure-by-measure whether to use an accommodation.

### *Changes to Key Measures*

- **Patient Engagement Requirements: View, Download, or Transmit:**
  - For 2015 – 2016: Changes the threshold from five percent to at least one patient seen during the reporting period views, downloads, or transmits his or her health information
  - For 2017: More than 5 percent of unique patients must view, download or transmit their health information

- **Secure Electronic Messaging:**
  - For 2015: Removes the percentage-based threshold to a yes-no measure conveying if the functionality is fully enable during the reporting period.
  - For 2016: For at least 1 patient seen during the reporting period a secure message is sent.
  - For 2017: More than 5 percent of unique patients seen during the reporting period a secure message is sent.
- **Public Health and Clinical Data Registry Reporting Objective:**
  - All public health and clinical data registry reporting objectives are consolidated into one objective.
    - **2015:**
      - Returning EPs must report on any combination of 2 of the 3 available measures
      - EPs scheduled to attest to Stage 1 in 2015 would have to report on only 1 of the 3 available measures
      - Note: this will require a measure that was previously a menu measure (optional measure) to now be required.
    - **2016-2017:**
      - All EPs must meet at least 2 out of the 3 available measures.
  - A full listing of all the measures and thresholds is available in an appendix to this summary.

### ***Clinical Quality Measurement (CQM)***

- CMS is not changing the CQM selection or reporting requirements
- **For 2015 and new participants in 2016** providers may:
  - Attest to any continuous *90-day period\** of CQM data during the calendar year through the Medicare EHR Incentive Program registration and attestation site; or
  - Electronically report CQM data using the established methods for electronic reporting.
  - *\* If a physician would like to receive credit for PQRS, they must report their CQM for a full calendar year.*
- **2016 and beyond:** Providers beyond their first year of MU would attest to one full calendar year of CQM data or they may electronically report their CQM data using the established methods for electronic reporting.

### ***Attestation***

- CMS continues its attestation policy as the method for demonstrating that providers have met MU measures/objectives.
- In lieu of individual Medicare EP attestation, CMS will continue their existing optional batch file process for attestation.

### *Certification Requirements*

- CMS does not change the certification requirements vendors must meet for 2015 through 2017.
- Providers can continue 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.

**Appendix: Objectives and Measures for 2015-2017**

**TABLE 7: ELIGIBLE PROFESSIONAL (EP) OBJECTIVES AND MEASURES FOR 2015 THROUGH 2017**

<b>Objectives for 2015, 2016 and 2017</b>	<b>Measures for Providers in 2015, 2016 and 2017</b>	<b>Alternate Exclusions and/or Specifications for Certain Providers</b>
Objective 1: Protect Patient Health Information	<u>Measure:</u> Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by Certified EHR Technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process.	NONE
Objective 2: Clinical Decision Support	<ul style="list-style-type: none"> <li>● 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</li> </ul>	If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1:  <u>Alternate Objective and Measure 1:</u>  <u>Objective:</u> Implement one clinical

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
	<p>practice or patient population, the clinical decision support interventions must be related to high-priority health conditions</p> <ul style="list-style-type: none"> <li>● <u>Measure 2:</u> The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</li> </ul>	<p>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>
Objective 3: Computerized Provider Order Entry CPOE	<ul style="list-style-type: none"> <li>● <u>Measure 1:</u> More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</li> <li>● <u>Measure 2:</u> More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</li> <li>● <u>Measure 3:</u> More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</li> </ul>	<ul style="list-style-type: none"> <li>● <u>Alternate Measure 1:</u> For Stage 1 providers in 2015 only, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period during the EHR reporting period, are recorded using computerized provider order entry.</li> <li>● <u>Alternate Exclusion for Measure 2:</u> 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.</li> <li>● <u>Alternate Exclusion for Measure 3:</u> 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</li> </ul>
Objective 4: Electronic Prescribing	<u>EP Measure:</u> More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using	<u>Alternate EP Measure:</u> For Stage 1 providers in 2015 only, More than 40 percent of all permissible prescriptions written by the EP are transmitted

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
	CEHRT.	electronically using CEHRT.
Objective 5: Health Information Exchange	Measure: The EP that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	<u>Alternate Exclusion:</u> Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective, which 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.
Objective 6: Patient-Specific Education	<u>EP Measure:</u> 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.	<u>Alternate Exclusion:</u> 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.
Objective 7: Medication Reconciliation	<u>Measure:</u> 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.	<u>Alternate Exclusion:</u> 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.
Objective 8: Patient Electronic Access (VDT)	<ul style="list-style-type: none"> <li>● <u>EP Measure 1:</u> More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</li> <li>● <u>EP Measure 2:</u> For 2015 and 2016: At least 1 patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period. For 2017: More than 5 percent of unique patients seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the EHR reporting period.</li> </ul>	<u>Alternate Exclusion Measure 2:</u> 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.
Objective 9:	<u>Measure:</u>	<u>Alternate Exclusion:</u> An EP may claim

<b>Objectives for 2015, 2016 and 2017</b>	<b>Measures for Providers in 2015, 2016 and 2017</b>	<b>Alternate Exclusions and/or Specifications for Certain Providers</b>
Secure Messaging	<p>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.</p> <p>For 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 patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative) during the EHR reporting period.</p> <p>For 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>	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.
Objective 10: Public Health	<ul style="list-style-type: none"> <li>● <u>Measure 1 – Immunization Registry Reporting</u>: The EP is in active engagement with a public health agency to submit immunization data.</li> <li>● <u>Measure 2 – Syndromic Surveillance Reporting</u>: The EP is in active engagement with a public health agency to submit syndromic surveillance data.</li> <li><u>Measure 3 – Specialized Registry Reporting</u> – The EP is in active engagement to submit data to a specialized registry.</li> </ul>	Stage 1 EPs in 2015 must meet at least 1 measure in 2015, Stage 2 EPs must meet at least 2 measures in 2015, and all EPs must meet at least 2 measures in 2016 and 2017.

**TABLE 8: ELIGIBLE HOSPITAL AND CAH OBJECTIVES AND MEASURES FOR 2015 THROUGH 2017**

<b>Objectives for 2015, 2016 and 2017</b>	<b>Measures for Providers in 2015, 2016 and 2017</b>	<b>Alternate Exclusions and/or Specifications for Certain Providers</b>
Objective 1: Protect Patient Health	<u>Measure:</u> Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1),	NONE
Information	including addressing the security (to include encryption) of ePHI created or maintained in CEHRT in accordance with requirements in 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 CAHs risk management process.	
Objective 2: Clinical Decision Support	<ul style="list-style-type: none"> <li>● <u>Measure 1:</u> 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.</li> <li>● <u>Measure 2:</u> 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.</li> </ul>	<p>If for an EHR reporting period in 2015, the provider is scheduled to demonstrate Stage 1:</p> <p><u>Alternate Objective and Measure 1:</u></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><u>Measure:</u> Implement one clinical decision support rule.</p>

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
Objective 3: Computerized Provider Order Entry CPOE	<ul style="list-style-type: none"> <li>● 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.</li> <li>● 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.</li> <li>● 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.</li> </ul>	<ul style="list-style-type: none"> <li>● <u>Alternate Measure 1:</u> For Stage 1 providers in 2015 only, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period during the EHR reporting period, are recorded using computerized provider order entry.</li> <li>● <u>Alternate Exclusion for Measure 2:</u> 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.</li> <li>● <u>Alternate Exclusion for Measure 3:</u> 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.</li> </ul>
Objective 4: Electronic Prescribing	Eligible Hospital/CAH 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.	<u>Alternate EH Exclusion:</u> 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 did not intend to 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

Objectives for 2015, 2016 and 2017	Measures for Providers in 2015, 2016 and 2017	Alternate Exclusions and/or Specifications for Certain Providers
		but did not intend to select the Stage 2 eRx objective for an EHR reporting period in 2015.
Objective 5: Health Information Exchange	<u>Measure:</u> The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10 percent of transitions of care and referrals.	<u>Alternate Exclusion:</u> Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective, which 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.
Objective 6: Patient-Specific Education	Eligible Hospital/CAH 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.	<u>Alternate Exclusion:</u> 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.
Objective 7: Medication Reconciliation	<u>Measure:</u> 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).	<u>Alternate Exclusion:</u> 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.
Objective 8: Patient Electronic Access (VDT)	<ul style="list-style-type: none"> <li>● <u>Eligible Hospital/CAH Measure 1:</u> 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 their health information to a third party their health information.</li> <li>● <u>Eligible Hospital/CAH Measure 2:</u> For 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: 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.</li> </ul>	<u>Alternate Exclusion Measure 2:</u> 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.

<b>Objectives for 2015, 2016 and 2017</b>	<b>Measures for Providers in 2015, 2016 and 2017</b>	<b>Alternate Exclusions and/or Specifications for Certain Providers</b>
Objective 9: Secure Messaging	Not applicable for eligible hospitals and CAHs	Not applicable for eligible hospitals and CAHs
Objective 10: Public Health	<ul style="list-style-type: none"> <li>● <u>Measure 1 – Immunization Registry Reporting:</u> The eligible hospital or CAH is in active engagement with a public health agency to submit immunization data</li> <li>● <u>Measure 2 – Syndromic Surveillance Reporting:</u> The eligible hospital or CAH is in active engagement with a public health agency to submit syndromic surveillance data</li> <li>● <u>Measure 3 – Specialized Registry Reporting:</u> The eligible hospital, or CAH is in active engagement to submit data to a specialized registry.</li> <li>● <u>Measure 4 – Electronic Reportable Laboratory Result Reporting:</u> The eligible hospital or CAH is in active engagement with a public health agency to submit ELR results.</li> </ul>	Stage 1 eligible hospitals and CAHs must meet at least 2 measures in 2015, Stage 2 eligible hospitals and CAHs must meet at least 3 measures in 2015, all eligible hospitals and CAHs must meet at least 3 measures in 2016 and 2017.