



EHR Incentive Programs: 2015 through 2017 (Modified Stage 2) Overview



CMS recently released a final rule that specifies criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to continue to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule's provisions encompass EHR Incentive Programs in 2015 through 2017 as well as Stage 3 in 2018 and beyond. This fact sheet focuses on the EHR Incentive programs in 2015 through 2017.

If you have not participated in the Medicare or Medicaid EHR Incentive Programs previously, please visit the CMS EHR Incentive Programs website (www.cms.gov/EHRIncentivePrograms) for more information on how to get started with participation.

Key Concepts for the EHR Incentive Programs in 2015 through 2017

- Restructured Stage 1 and Stage 2 objectives and measures to align with Stage 3:
 - 10 objectives for EPs, including one consolidated public health reporting objective with measure options
 - 9 objectives for eligible hospitals and CAHs, including one consolidated public health reporting objective with measure options
- Starting in 2015, the EHR reporting period aligns with the calendar year for all providers
- Changed the EHR reporting period in 2015 to 90 days to accommodate modifications to meaningful use
- Modified Stage 2 patient engagement objectives that require "patient action"
- Streamlined the program by removing redundant, duplicative, and topped out measures
- CQM reporting for both (EPs) and eligible hospitals/CAHs remains as previously finalized

Summary

The EHR Incentive Programs in 2015 through 2017 reflect changes to the objectives and measures of Stages 1 and 2 to align with Stage 3, which focuses on the advanced use of EHRs. The changes also aim to reduce the complexity of the program and work toward a shift to a single set of sustainable objectives and measures in 2018. Redundant, duplicative, or topped out measures have been removed.

Starting in 2015, all providers will be required to attest to a single set of objectives and measures. Since this change may occur after providers have already started to work toward meaningful use in 2015, there are alternate exclusions and specifications within individual objectives for providers who were previously scheduled to be in Stage 1 of the EHR Incentive Programs.

To allow CMS and providers time to implement these modifications, the EHR reporting period in 2015 is any continuous 90 days period within the calendar year. All providers will have until February 29, 2016 to attest.

In response to public comments, two patient engagement objectives that involve patient action have also been modified for 2015 through 2017. The public health reporting objectives have been consolidated into one objective with measure options, which aligns with the structure of Stage 3.

Timeline for EHR Incentive Programs in 2015 through 2017

The table below outlines the Stage providers attest to for the EHR Incentive Programs in 2015 through 2017. In 2015 and 2016, providers attest to a single set of objectives and measures with alternate exclusions and specifications for providers previously scheduled to be in Stage 1. In 2017, providers may attest to either the same single set of objectives and measures (modified version of Stage 2) used in 2015 and 2016 (without alternate exclusions and specifications) or Stage 3.

First year as a meaningful EHR user Stage of meaningful use	Stage of Meaningful Use		
	2015	2016	2017
2011	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2012	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2013	Modified Stage 2	Modified Stage 2	Modified Stage 2 Or Stage 3
2014	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2015	Modified Stage 2*	Modified Stage 2	Modified Stage 2 Or Stage 3
2016	N/A	Modified Stage 2	Modified Stage 2 Or Stage 3

* The Modifications to Stage 2 include alternate exclusions and specifications for certain objectives and measures for providers that were scheduled to demonstrate Stage 1 of meaningful use in 2015. **Note:** Alternate exclusion reporting continues in 2016 for CPOE (all providers) and eRx (for eligible hospitals) only.

Requirements for EHR Reporting Periods in 2015 Through 2017

Starting in 2015, the EHR reporting period for EPs, eligible hospitals, and CAHs will be based on the calendar year. This allows more time for hospitals and CAHs to implement certified EHR technology, and aligns the EHR Incentive Programs with reporting periods in other CMS quality reporting programs.

In 2015, all providers are required to use technology certified to the 2014 Edition. In 2016 and 2017, providers can choose to use technology certified to the 2014 Edition or the 2015 Edition.

In 2015 only, the EHR reporting period for EPs, eligible hospitals, and CAHs is any continuous 90-day period within the calendar year. EPs may select an EHR reporting period for any continuous 90 days from January 1, 2015 through December 31, 2015. Eligible hospitals and CAHs may select an EHR reporting

period of any continuous 90-day period from October 1, 2014 to December 31, 2015. For eligible professionals, the action may occur at any point during that time as long as it is no earlier than January 1, 2015 and no later than the date of attestation for their 2015 EHR reporting period. For eligible hospitals and CAHs, the action may occur at any point during that time so long as it is no earlier than October 1, 2014 and no later than the date of attestation for their 2015 EHR reporting period. This is intended to accommodate the shift from reporting based on the federal fiscal year to the calendar year for eligible hospitals and CAHs.

Beginning with 2016, the EHR reporting period must be completed within January 1 and December 31 of the calendar year. EPs eligible hospitals, and CAHs that are new participants in the program would have an EHR reporting period of any continuous 90-day period between January 1, 2016 and December 31, 2016. However, for all returning participants, the EHR reporting period would be a full calendar year from January 1, 2016 through December 31, 2016.

In 2017, the EHR reporting period would be one full calendar year for all providers except new participants and/or providers who choose to implement Stage 3, who are allowed a 90-day reporting period.

Alternate Exclusions & Specifications

There are several alternate exclusions and specifications for certain measures that are intended to help providers that may not otherwise be able to meet the criteria in 2015 and 2016 because they require the implementation of certified EHR technology beyond the functions that were required for Stage 1.

These provisions include:

1. Allowing providers who were previously scheduled to be in a Stage 1 reporting period for 2015 to use a lower threshold for certain measures. For 2016, all providers previously scheduled to be in Stage 1 may claim an alternate exclusion for the CPOE objective measure 2 (laboratory orders) and measure 3 (radiology orders). For 2016, eligible hospitals and CAHs previously scheduled to be in Stage 1 may claim an alternate exclusion for the eRx objective.
2. Allowing providers to exclude modified Stage 2 measures in 2015 for which there is no Stage 1 equivalent.
3. Allowing providers to exclude modified Stage 2 measures in 2015 where a previous menu measure is now a requirement.

See **Appendix A** for a complete list of objectives, measures, and alternate exclusions and specifications for EHR Incentive Programs in 2015 through 2017.

Modification to Patient Engagement Objectives

There are two objectives for EPs and one objective for eligible hospitals and CAHs with measures requiring a provider to track patient action. These measures have been modified to help providers successfully meet these objectives.

- **Stage 2 Patient Electronic Access, Measure 2:** For an EHR reporting period in 2015 and 2016, instead of the 5 percent threshold, this measure requires that at least 1 patient seen by the EP during the

EHR reporting period, or 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 his or her information to a third party during the EHR reporting period.

- **Stage 2 EP Secure Electronic Messaging:** The 5 percent threshold has been changed to the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period (yes/no).

Objectives and Measures in 2015 through 2017

The following are the objectives and measures for EPs, eligible hospitals, and CAHs to successfully demonstrate meaningful use for an EHR reporting period in 2015 through 2017.

There are 10 objectives for EPs including one consolidated public health reporting objective, and 9 objectives for eligible hospitals and CAHs including one consolidated public health reporting objective.

1. **Protect Patient Health Information:** Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.
2. **Clinical Decision Support (CDS):** Use clinical decision support to improve performance on high priority health conditions.
3. **Computerized Provider Order Entry (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.
4. **Electronic Prescribing:** (EPs) Generate and transmit permissible prescriptions electronically (eRx); (Eligible hospitals/CAHs) Generate and transmit permissible discharge prescriptions electronically (eRx).
5. **Health Information Exchange:** The EP, 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.
6. **Patient Specific Education:** Use clinically relevant information from CEHRT to identify patient specific education resources and provide those resources to the patient.
7. **Medication Reconciliation:** The EP, 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.
8. **Patient Electronic Access:** (EPs) Provide patients the ability to view online, download, and transmit their health information within 4 business days of the information being available to the EP. (Eligible hospitals/CAHs) Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.

9. **Secure Electronic Messaging (EPs only):** Use secure electronic messaging to communicate with patients on relevant health information.
10. **Public Health Reporting:** The EP, eligible hospital or CAH is in active engagement with a public health agency to submit electronic public health data from CEHRT, except where prohibited and in accordance with applicable law and practice.

Clinical Quality Measures

EPs, eligible hospitals, and CAHs must report on CQMs selected by CMS using certified EHR technology in order to successfully participate in the Medicare and Medicaid EHR Incentive Programs. There are no changes to CQM selection or reporting scheme from CQM requirements in Stage 2. (The CQMs available for use in the EHR Incentive Programs beginning in 2014 have been outlined on the [CMS EHR Incentive Programs website](#).)

Stage 2 also established requirements for reporting on CQMs under the Medicare EHR Incentive Program in the PFS and IPPS rules, which will help to align more closely with other CMS quality reporting programs.

For the EHR reporting period in 2015 only, providers may attest to any continuous 90-day period of CQM data during the calendar year through the Medicare EHR Incentive Program. Providers also have the option to electronically report CQM data using established methods for electronic reporting. For 2016 and subsequent years, providers attest to one full calendar year of CQM data or electronically report CQM data using established electronic reporting methods.

EPs seeking to participate in multiple programs with a single electronic submission would be required to submit a full calendar year of CQM data using the 2014 electronic specifications for the CQMs for a reporting period in 2015. Eligible hospitals and CAHs seeking to participate in multiple programs with a single electronic submission for a reporting period in 2015 would be required to submit 1 calendar quarter of data for 2015 from either Q1 (January 1, 2015–March 31, 2015), Q2 (April 1, 2015–June 30, 2015), or Q3 (July 1, 2015–September 30, 2015) and would require the use of the April 2014 release of the eCQMs.

Attestation Deadline Changes

To accommodate changes to the EHR reporting period, the following changes have been made to the attestation deadlines in 2015 and 2016 for eligible hospitals and CAHs:

- For an EHR reporting period in 2015, an eligible hospital or CAH must attest by February 29, 2016;
- For an EHR reporting period in 2016, an eligible hospital or CAH must attest by February 28, 2017.

Despite the change to a 90-day EHR reporting period in 2015, providers will not be able to attest to meaningful use for an EHR reporting period in 2015 prior to January 4, 2016.

Payment Adjustments

The EHR reporting periods for the payment adjustments will begin and end prior to the year of the payment adjustment.

In 2015

In 2015, the EHR reporting period for a payment adjustment year for EPs who have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period in calendar year (CY) 2015. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustments in CYs 2016 and 2017 if the EP successfully attests by February 29, 2016.

In 2015, the EHR reporting period for a payment adjustment year for EPs who have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period in CY 2015. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in CY 2017 if the EP successfully attests by February 29, 2016.

In 2015, the EHR reporting period for a payment adjustment year for eligible hospitals that have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FYs 2016 and 2017 if the eligible hospital successfully attests by February 29, 2016.

In 2015, the EHR reporting period for a payment adjustment year for eligible hospitals that have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the eligible hospital successfully attests by February 29, 2016.

In 2015, the EHR reporting period for a payment adjustment year for CAHs that have not successfully demonstrated meaningful use in a prior year (new participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. New participants that successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2015 if the CAH successfully attests by February 29, 2016.

In 2015, the EHR reporting period for a payment adjustment year for CAHs that have successfully demonstrated meaningful use in a prior year (returning participants) is any continuous 90-day period beginning on October 1, 2014 and ending on December 31, 2015. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2015 if the CAH successfully attests by February 29, 2016.

In 2016

In 2016, the EHR reporting period for a payment adjustment year for EPs who are new participants is any continuous 90-day period in 2016. New participants who successfully demonstrates meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in CY 2017

if the EP successfully attests by October 1, 2016, and will avoid the payment adjustment in CY 2018 if the EP successfully attests by February 28, 2017.

In 2016, the EHR reporting period for a payment adjustment year for EPs who are returning participants is the full 2016. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in CY 2018 if the EP successfully attests by February 28, 2017.

In 2016, the EHR reporting period for a payment adjustment year for eligible hospitals that are new participants is any continuous 90-day period in CY 2016. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the eligible hospital successfully attests by October 1, 2016, and will avoid the payment adjustment in FY 2018 if the eligible hospital successfully attests by February 28, 2017.

In 2016, the EHR reporting period for a payment adjustment year for eligible hospitals that are returning participants is the full CY 2016. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2018 if the eligible hospital successfully attests by February 28, 2017.

In 2016, the EHR reporting period for a payment adjustment year for CAHs that are new participants is any continuous 90-day period in CY 2016. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2016 if the CAH successfully attests by February 28, 2017.

In 2016, the EHR reporting period for a payment adjustment year for CAHs that are returning participants is the full CY 2016. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2016 if the CAH successfully attests by February 28, 2017.

In 2017

In 2017, the EHR reporting period for a payment adjustment year for EPs who are new participants is any continuous 90-day period in 2017. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in CY 2018 if the EP successfully attests by October 1, 2017.

In 2017, the EHR reporting period for a payment adjustment year for eligible hospitals that are new participants is any continuous 90-day period in CY 2017. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2018 if the eligible hospital successfully attests by October 1, 2017 and will avoid the payment adjustment in FY 2019 if the eligible hospital successfully attests by February 28, 2018.

In CY 2017, the EHR reporting period for a payment adjustment year for eligible hospitals that are demonstrating Stage 3 is any continuous 90-day period in CY 2017. An eligible hospital that successfully demonstrates meaningful use for this period and satisfies all other program requirements will avoid the payment adjustment in FY 2019 if the eligible hospital successfully attests by February 28, 2018.

In 2017, the EHR reporting period for a payment adjustment year for eligible hospitals that are returning participants and are not demonstrating Stage 3, is the full CY 2017. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2019 if the eligible hospital successfully attests by February 28, 2018.

In CY 2017, the EHR reporting period for a payment adjustment year for CAHs that are new participants is any continuous 90-day period in CY 2017. New participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the CAH successfully attests by February 28, 2018.

In CY 2017, the EHR reporting period for a payment adjustment year for CAHs that are demonstrating Stage 3 is any continuous 90-day period in CY 2017. A CAH that successfully demonstrates meaningful use for this period and satisfies all other program requirements will avoid the payment adjustment in FY 2017 if the CAH successfully attests by February 28, 2018.

In CY 2017, the EHR reporting period for a payment adjustment year for CAHs that are returning participants and are not demonstrating Stage 3, is the full CY 2017. Returning participants who successfully demonstrate meaningful use for this period and satisfy all other program requirements will avoid the payment adjustment in FY 2017 if the CAH successfully attests by February 28, 2018.

Hardship Exceptions

Providers may apply for hardship exceptions to avoid the payment adjustments and hardship exceptions are granted on a case-by-case basis. Information on how to apply for a hardship exception is posted on the CMS EHR Incentive Programs website.

Appendix A: OBJECTIVES AND MEASURES FOR 2015 THROUGH 2017 (MODIFIED STAGE 2)

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
EP Objectives and Measures		
Objective 1: Protect Patient Health Information	<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 EP’s risk management process.</p>	<p>NONE</p>
Objective 2: Clinical Decision Support	<p><i>In order for EPs to meet the objective they must satisfy both of the following measures:</i></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 orders during the EHR reporting period.</p>	<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>
Objective 3: Computerized Provider Order Entry	<p><i>An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective.</i></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</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>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>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>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>
<p>Objective 4: Electronic Prescribing</p>	<p>EP 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 • 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>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>
<p>Objective 5: Health Information Exchange</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>	<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>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
Objective 6: Patient Specific Education	<p>EP 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>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>
Objective 7: Medication Reconciliation	<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>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.</p>
Objective 8: Patient Electronic Access (VDT)	<p>EP Measure 1: 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.</p> <p>Exclusion for Measure 1: Any EP who neither orders nor creates any of the information listed for inclusion as part of the measures except for "Patient Name" and "Provider's name and office contact information."</p> <p>EP 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 his or her health information to a third party 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 representatives) view, download or transmit to a third party their health information during the EHR reporting period.</p> <p>Exclusion for Measure 2: Any EP who neither orders nor creates any of the information listed for inclusion as</p>	<p>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.</p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>part of the measures except for "Patient Name" and "Provider's name and office contact information;" 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>	
<p>Objective 9: Secure Messaging</p>	<p>Measure: For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.</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>	<p>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.</p>
<p>Objective 10: Public Health Reporting</p>	<p>An EP scheduled to be in Stage 2 in 2015 must meet 2 measures. All EPs must meet 2 measures in 2016 and 2017.</p>	<p>Alternate Exclusions: <i>EPs scheduled to be in Stage 1 in 2015:</i> Must attest to at least 1 measure from the Public Health Reporting Objective Measures 1-3.</p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p><u>Measure Option 1 – Immunization Registry Reporting:</u> The EP is in active engagement with a public health agency to submit immunization data.</p> <p><u>Exclusions:</u> 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><u>Measure Option 2 – Syndromic Surveillance Reporting:</u> The EP is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p><u>Exclusion for EPs:</u> Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:</p> <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. 	<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 in 2015: Must attest to at least 2 measures from the Public Health Reporting Objective Measures 1-3.</i></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. <p><i>All EPs must meet 2 measures in 2016 and 2017.</i></p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<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 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 EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. 	
Eligible Hospital and CAH Objectives and Measures		
<p>Objective 1: Protect Patient Health Information</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>NONE</p>
<p>Objective 2: Clinical Decision Support</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</p>	<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>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
<p>Objective 3: Computerized Provider Order Entry</p>	<p>drug allergy interaction checks for the entire EHR reporting period.</p> <p><i>Eligible hospitals and CAHs must meet the thresholds of all three measures.</i></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>Measure: Implement one clinical decision support rule.</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 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 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 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>
<p>Objective 4: Electronic Prescribing</p>	<p>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.</p>	<p>Alternate Eligible Hospital/CAH 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</p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>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.</p>	<p>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.</p>
<p>Objective 5: Health Information Exchange</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>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>
<p>Objective 6: Patient Specific Education</p>	<p>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.</p>	<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>
<p>Objective 7: 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>	<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 intend to select the Stage 1 Medication Reconciliation menu objective.</p>
<p>Objective 8: Patient Electronic Access (VDT)</p>	<p>Eligible Hospital/CAH 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>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.</p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>Eligible Hospital/CAH 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 his or her health information to a third party 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 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>	
<p>Objective 9: Public Health Reporting</p> <p>(Objective 10 in the final rule; 495.22 (e)(10)(ii)(C))</p>	<p>Eligible hospitals and CAHS scheduled to be in Stage 2 in 2015 must meet three measures. All eligible hospitals and CAHs in 2016 and 2017 must meet three measures.</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>Exclusion: Any eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the eligible hospital, or CAH:</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 	<p>Alternate Exclusions: <i>Eligible hospitals/CAHs scheduled to be in Stage 1 in 2015:</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 in 2015:</i> Must attest to at least 3</p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>system is capable of accepting 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 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><u>Measure Option 2 – Syndromic Surveillance Reporting:</u> 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 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 eligible hospitals or CAHs at the start of the EHR reporting period. <p><u>Measure Option 3 – Specialized Registry Reporting:</u> The eligible hospital or CAH is in active engagement to submit data to a specialized registry.</p> <p><u>Exclusions:</u> 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 	<p>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). <p><i>All eligible hospitals/CAHs must meet 3 measures in 2016 and 2017.</i></p>

Objectives for 2015 - 2017	Measures for Providers in 2015 through 2017	Alternate Exclusions and/or Specifications
	<p>collected by, a specialized registry in their jurisdiction during the EHR reporting period;</p> <ul style="list-style-type: none"> • 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><u>Measure Option 4 – Electronic Reportable Laboratory Result Reporting:</u> The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ELR) results.</p> <p><u>Exclusions:</u> 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. 	