

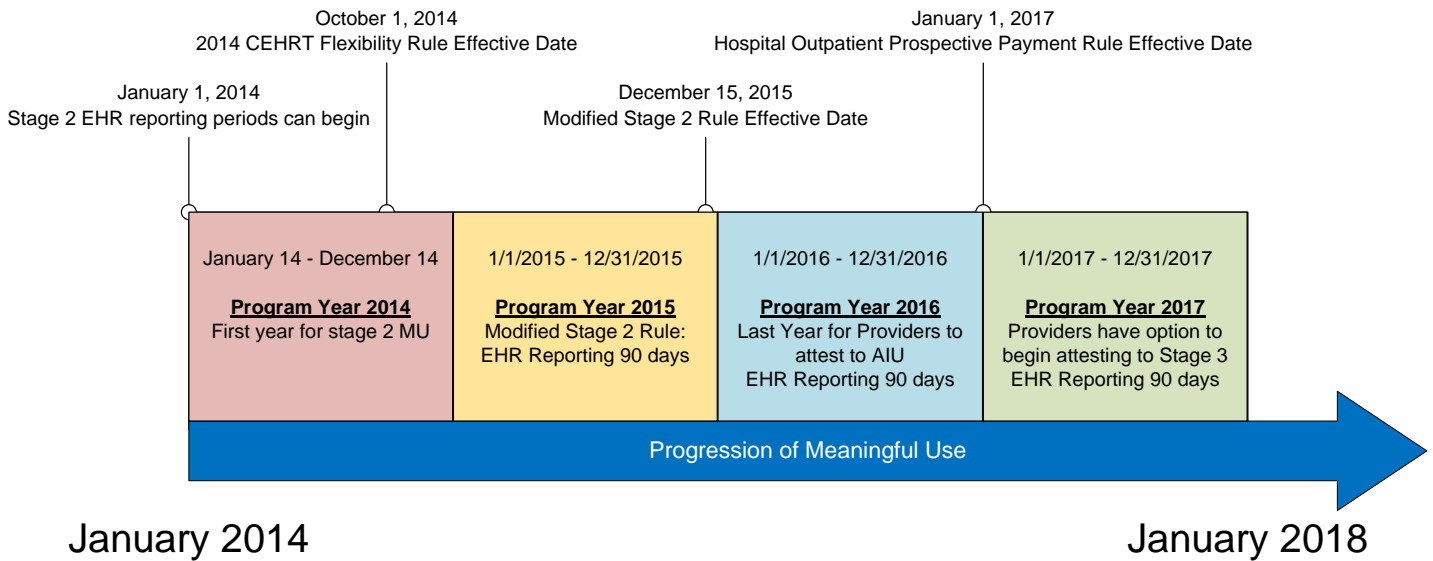
Stage 2 – Modified Stage 2 – Stage 3 Comparison of Eligible Hospital Measures and Objectives
A tool that outlines the evolution of meaningful use objectives from stage 2 to stage 3

Due to the number of changes to the meaningful use (MU) objectives and measures since the initial Stage 2 Final Rule was released, a new MU stage comparison tool has been developed to support states and their EHR incentive program stakeholders.

The tool includes 3 tables:

- Table A provides a quick reference guide to the changes in MU requirements between Stage 2, Modified Stage 2 and Stage 3. In the Short Title column of Table A there are links to Tables B and C to make navigation through the tool easier. Also, please note that as the stages of MU have evolved the numbering of the objectives has not remained consistent from one version of MU to the next. The objective numbers are noted in the Modified Stage 2 and Stage 3 Columns.
- Table B provides more information regarding the changes to objectives, measures and exclusions in Stage 2, Modified Stage 2 and Stage 3.
- Table C presents information on the objectives, measures and associated exclusions that have been retired and/or are no longer stand-alone requirements to demonstrate MU.

Below is a timeline that includes key dates and deadlines associated with the MU Stages and associated program years.



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Table A Summary of Changes for Eligible Hospitals (EHs)		
Stage 2 Short Title	Modified Stage 2 – 9 objectives for EHs	Stage 3 – 8 objectives for EHs
	Changes Made to Stage 2 MU (Yes/No and Brief Description)	Changes Made to Modified Stage 2 MU (Yes/No and Brief Description)
<u>Protect Electronic Health Information</u>	Objective 1: Protect Patient Health Information No Changes	Objective 1: Protect Patient Health Information No Significant Changes
<u>e-Prescribing (eRX)</u>	Objective 4: Electronic Prescribing Yes. Changes Made: Alternate Exclusion (2015, 2016)	Objective 2: Electronic Prescribing Yes. Changes Made: Increased measure threshold
<u>Clinical Decision Support*</u>	Objective 2: Clinical Decision Support Yes. Changes Made: Alternate Objective and Measure provided (2015)	Objective 3: Clinical Decision Support No Changes
<u>CPOE*</u>	Objective 3: Computerized Provider Order Entry Yes. Changes Made: Alternate Measure (2015) and Alternate Exclusions (2015-2016)	Objective 4: Computerized Provider Order Entry Yes. Changes Made: Increased measure threshold. Minor wording changes
<u>Patient Electronic Access</u>	Objective 8: Patient Electronic Access Yes. Changes Made: Objective, Measures and Exclusions. Alternate Exclusion (2015)	Objective 5: Patient Electronic Access to Health Information Yes. Changes Made: Objective, Measures and Exclusions. Added in "Patient-Specific Education"
<u>Patient-Specific Education Resources</u>	Objective 6: Patient-Specific Education Yes. Changes Made: Alternate Exclusion (2015)	<i>Incorporated into Objective 5 Patient Electronic Access to Health Information</i>
<u>Summary of Care</u>	Objective 5: Health Information Exchange Yes. Changes Made: Measures and Alternate Exclusion (2015)	Objective 7: Health Information Exchange Yes. Changes Made: Objective, Measures and Exclusions
<u>Medication Reconciliation</u>	Objective 7: Medication Reconciliation Yes. Changes Made: Alternate Exclusion (2015)	<i>Incorporated into measure 3 of Objective 7 Health Information Exchange</i>
<u>Immunization Registries Data Submission</u>	<i>No longer separate measures - Now included as measures within Public Health Reporting objectives</i>	
<u>Syndromic Surveillance Data Submission</u>	Objective 9: Public Health Reporting New Objective in Modified Stage 2.	Objective 8: Public Health and Clinical Data Registry Reporting Yes. Changes to Measures and Exclusions. Minor wording changes to Objective.
<u>Electronic Reportable Laboratory Results</u>		
<u>Record Demographics</u>		
<u>Record Vital Signs</u>	<i>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 or have been consolidated into other objectives beginning with modified stage 2.</i>	
<u>Record Smoking Status</u>		
<u>Clinical Lab-Test Results</u>		
<u>Patient Lists</u>		
<u>Electronic Medication Administration Record (eMAR)</u>		
<u>Advanced Directive**</u>		
<u>Electronic Notes**</u>		
<u>Imaging Results**</u>		
<u>Family Health History**</u>		
<u>Structured Labs to Ambulatory Providers**</u>		

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** Stage 2 MU Menu Set Measures

Information about changes between Stage 2 and Modified Stage 2 (PYs 2015-2017) available by clicking [here](#)

Table B: Stage 2, Modified Stage 2, Stage 3 Comparison

Language changes are noted in **blue**.

Short Title	Requirement Information	Stage 2 PY 2014	Modified Stage 2 PY 2015, PY 2016, PY 2017	Stage 3 Option to Start in PY 2017
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Short Title	Requirement Information	Stage 2	Modified Stage 2	Stage 3
		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Protect Electronic Health Information – Protect Patient Health Information (Modified Stage 2)	Objective	Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	2015-2017: Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical, administrative, and physical safeguards.
	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 EHS.	2015-2017: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EH or CAH's risk management process.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.
	Exclusion(s)	No exclusion	No exclusion	No exclusion
Clinical Decision Support*	Objective	Use clinical decision support to improve performance on high priority health conditions	2015-2017: Use clinical decision support to improve performance on high-priority health conditions. 2015 Alternate Objective: For an EHR reporting period in 2015 only, an EH or CAH who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule.	Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.
	Measure	Measure 1. Implement 5 clinical decision support interventions related to 4 or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EH's 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 related to improving healthcare efficiency. Measure 2. The EH or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period	2015-2017: In order for EHs and CAHs to meet the objective they must satisfy both of the following measures: 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 EH or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions. Measure 2: The EH or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. 2015 Alternate Measure: Implement one clinical decision support rule.	Measure 1: Implement 5 clinical decision support interventions related to 4 or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent 4 CQMs related to an EH or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Measure 2: The EH or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
	Exclusion(s)	No exclusion	2015-2017: No exclusion	No exclusion
CPOE*	Objective	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	2015-2017: 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.	Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
				the medical record per state, local, and professional guidelines.
	<p>Measure</p> <p>More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.</p>		<p>2015-2017: An EH or CAH, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:</p> <p>Measure 1: More than 60 percent of medication orders created by the authorized providers of the EH'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 the authorized providers of the EH'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 the authorized providers of the EH'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>2015 Alternate Measure 1: More than 30 percent of all unique patients with at least one medication in their medication list admitted to the EH'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 EH 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>Measure 1: More than 60% of medication orders created by authorized providers of the EH or CAH 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 60% of laboratory orders created by authorized providers of the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry; and</p> <p>Measure 3: More than 60% of diagnostic imaging orders created by authorized providers of the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p>
	<p>Exclusion(s)</p> <p>No exclusion</p>		<p>2015-2016 Alternate Exclusions:</p> <p>Measures 2&3: Providers scheduled to be in Stage 1 in 2015 or 2016 may claim an exclusion for measures 2&3 (laboratory and radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015 or 2016</p>	No exclusions

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
e-Prescribing (eRx)	Objective	Generate and transmit permissible discharge prescriptions electronically (eRx)	2015-2017: Generate and transmit permissible discharge prescriptions electronically (eRx).	Generate and transmit permissible discharge prescriptions electronically (eRx)
	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 CEHRT.	2015-2017: 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.	More than 25% 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(s)	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.	2015-2017: Any EH 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. 2015 and 2016: Alternate Exclusion: The EH or CAH may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 or 2016 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 or 2016.	Any EH or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Summary of Care - Health Information Exchange (Modified Stage 2 and Stage 3)	Objective	The EH 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.	2015-2017: The EH 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.	The EH or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.
	Measure	<p>Measure 1:</p> <ul style="list-style-type: none"> The EH 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>Measure 2:</p> <ul style="list-style-type: none"> The EH 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>Measure 3: The EH or CAH must satisfy one of the two following criteria:</p> <ul style="list-style-type: none"> Exchange a summary of care with a provider or third party who has different CEHRT (and different vendor) as the sending provider as part of the 10% threshold for measure #2, allowing the provider to meet the criteria for measure #3 without the CMS Designated Test EHR (for EHs the measure at §495.6(l)(11)(ii)(C)(1) 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>OR</p> <ul style="list-style-type: none"> If unable to exchange summary of care documents with recipients using a different CEHRT in common practice, retain documentation on circumstances and attest "Yes" to meeting measure 3 if using a certified EHR which meets the standards required to send a CCDA (§ 170.202). 	2015-2017: The EH 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% of transitions of care and referrals.	<p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.</p> <p>Measure 1: For more than 50% of transitions of care and referrals, the EH or CAH that transitions or refers their patient to another setting of care or provider of care: (1) Creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.</p> <p>Measure 2: For more than 40% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EH or CAH incorporates into the patient's EHR an electronic summary of care document.</p> <p>Measure 3: For more than 80% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EH or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:</p> <p>(1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.</p> <p>(2) Medication allergy. Review of the patient's known medication allergies.</p> <p>(3) Current Problem list. Review of the patient's current and active diagnoses.</p>
	Exclusion(s)	No exclusion	2015-2017: No exclusion	Measure 1 Exclusion: A provider may exclude from the

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Summary of Care - Health Information Exchange (Modified Stage 2 and Stage 3)			<p>2015 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>measure if any of the following apply:</p> <ul style="list-style-type: none"> ○ Any EH or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period. <p>Measure 2 Exclusion: A provider may exclude from the measure if any of the following apply:</p> <ul style="list-style-type: none"> ○ Any EH or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure. ○ Any EH or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period. <p>Measure 3 Exclusion: Any EH or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.</p>

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Patient-Specific Education Resources	Objective	Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient	2015-2017: Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	<i>Incorporated into Measure 2 of the Patient Electronic Access Objective</i>
	Measure	More than 10 percent of all unique patients admitted to the EH's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient-specific education resources identified by CEHRT.	2015-2017: More than 10 percent of all unique patients admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) during EHR reporting period are provided patient specific education resources identified by CEHRT.	
	Exclusion(s)	No exclusion	2015-2017: No exclusion 2015 Alternate Exclusion: Providers 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	Objective	The EH 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.	2015-2017: The EH or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation.	<i>Incorporated into Measure 3 of the Health Information Exchange Objective.</i>
	Measure	The EH 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 EH's or CAH's inpatient or emergency department (POS 21 or 23).	2015-2017: The EH or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23).	
	Exclusion(s)	No exclusion	2015-2017: No exclusion 2015 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.	

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Patient Electronic Access	Objective	Provide patients the ability to view online, download, and transmit information about a hospital admission.	2015-2017: Provide patients the ability to view online, download, and transmit their health information within 36 hours of hospital discharge.	The EH or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient-specific education .
	Measure	<p>1. More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the EH 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>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 EH or CAH during the reporting period view, download or transmit to a third party their information.</p>	<p>2015-2017 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 EH or CAH are provided timely access to view online, download and transmit to a third party their health information.</p> <p>2015-2016 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 EH 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>2017 Measure 2: For an EHR reporting period in 2017, more than 5% of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an EH or CAH (or patient-authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.</p>	<p>Measure 1: For more than 80% of all unique patients discharged from the EH or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</p> <p>(2) The provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider's CEHRT.</p> <p>Measure 2: The EH or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35% of unique patients discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p>
	Exclusion(s)	Any EH or CAH that is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded from the second measure.	<p>2015-2017 Exclusions:</p> <p>Any EH 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>2015 Alternate Exclusion:</p> <p>Measure 2: 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>	Any EH or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period

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		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Public Health and Clinical Data Registry Reporting (Clinical Data Registry added in Stage 3)	Objective	Immunization: Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice. Syndromic: Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice. ELR: Capability to submit electronic reportable laboratory results to public health agencies, where except where prohibited, and in accordance with applicable law and practice.	2015-2017: All PH related measures incorporated into one measure Public Health Reporting Objective: The EH 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.	The EH or CAH is in active engagement with a public health agency or clinical data registry to submit electronic public health data in a meaningful way using CEHRT, except where prohibited, and in accordance with applicable law and practice.
	Measure	Immunization: Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period Syndromic: Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. ELR: Successful ongoing submission of electronic reportable laboratory results from CEHRT to a public health agency for the entire EHR reporting period.	2015: An EH or CAH that is scheduled to be in Stage 1 in 2015 must report at least two measures unless they can either: (1) Exclude from all but one available measure and report that one measure; or (2) can exclude from all available measures. Available measures include ones for which the EH or CAH does not qualify for an exclusion. 2016-2017: In order to meet this objective an EH or CAH would need to meet three of the total number of measures available to them. If the EH or CAH qualifies for multiple exclusions and the total number of remaining measures available to the EH or CAH is less than three, the EH or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. If no measures remain available, the EH or CAH can meet the objective by claiming applicable exclusions for all measures. 2015-2017 (Public Health Reporting): Measure 1 - Immunization Registry Reporting: The EH or CAH is in active engagement with a public health agency to submit immunization data. Measure 2 – Syndromic Surveillance Reporting: The EH or CAH is in active engagement with a public health agency to submit syndromic surveillance data. Measure 3 – Specialized Registry Reporting: The EH or CAH is in active engagement to submit data to a specialized registry. Measure 4 – Electronic Reportable Laboratory Result Reporting: The EH or CAH is in active engagement with a public health agency to submit ELR results.	EHs and CAHs would be required to choose from measures 1 through 6, and would be required to successfully attest to any combination of 4 measures. Providers may attest to measure 4 and measure 5 more than once, and an exclusion to a measure does not count toward the total in the manner proposed. Measure 1—Immunization Registry Reporting: The EH or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/ immunization information system (IIS). Measure 2—Syndromic Surveillance Reporting: The EH or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting. Measure 3—Electronic Case Reporting: The EH or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions. Measure 4—Public Health Registry Reporting: The EH or CAH is in active engagement with a public health agency to submit data to public health registries. Measure 5—Clinical Data Registry Reporting: The EH or CAH is in active engagement to submit data to a clinical data registry. Measure 6—Electronic Reportable Laboratory Result Reporting: The EH or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.
	Exclusion(s)	Immunization: (1) The EH or CAH does not administer any of the	2015-2017 (Public Health Reporting) Exclusions: Measure 1 Exclusions: Any EH or CAH meeting one or more of the	Exclusion for Measure 1: Any EH or CAH meeting one or more of the following criteria may be excluded from the

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Short Title	Requirement Information	Stage 2 PY 2014	Modified Stage 2 PY 2015, PY 2016, PY 2017	Stage 3 Option to Start in PY 2017
<p>Public Health and Clinical Data Registry Reporting (Clinical Data Registry added in Stage 3)</p>		<p>immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;</p> <p>(2) The EH or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for CEHRT at the start of their EHR reporting period;</p> <p>(3) The EH or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data; or</p> <p>(4) The EH or CAH operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EHs or CAHs.</p> <p>Syndromic:</p> <p>(1) Does not have an emergency or urgent care department;</p> <p>(2) Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period;</p> <p>(3) Operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data; or</p> <p>(4) Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EHs or CAHs.</p> <p>ELR:</p> <p>(1) Operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for CEHRT at the start of their EHR reporting period.</p> <p>(2) Operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results.</p> <p>(3) Operates in a jurisdiction for which no public health agency that is capable of accepting the specific</p>	<p>following criteria may be excluded from the immunization registry reporting measure if the EH, 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 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 EH or CAH at the start of the EHR reporting period. <p>Measure 2 Exclusions: Any EH or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EH 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 EHs 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 EHs or CAHs at the start of the EHR reporting period. <p>Measure 3 Exclusions: Any EH or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EH, 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 EH or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. 	<p>immunization registry reporting measure if the EH or CAH:</p> <p>(1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period;</p> <p>(2) 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</p> <p>(3) Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusion for Measure 2: Any EH or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EH or CAH:</p> <p>(1) Does not have an emergency or urgent care department;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EHs or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <p>(3) Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EHs or CAHs as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusion for Measure 3: Any EH or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EH or CAH:</p> <p>(1) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <p>(3) Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusions for Measure 4: Any EH or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EH or CAH:</p> <p>(1) Does not diagnose or directly treat any disease or condition associated with a public health registry in their</p>

* Clinical Decision Support and CPOE removed as measures beginning in PY 2017 for Medicare and Dually Eligible Hospitals but remain for Medicaid Only EHs

Table B: Stage 2, Modified Stage 2, Stage 3 Comparison

Language changes are noted in **blue**.

Short Title	Requirement Information	Stage 2 PY 2014	Modified Stage 2 PY 2015, PY 2016, PY 2017	Stage 3 Option to Start in PY 2017
Public Health and Clinical Data Registry Reporting (Clinical Data Registry added in Stage 3)		standards required by CEHRT at the start of their EHR reporting period can enroll additional EHs or CAHs.	<p>Measure 4 Exclusions: Any EH or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the EH 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 EHs or CAHs at the start of the EHR reporting period. <p>2015 Alternate Exclusions: EHs/CAHs scheduled to be in Stage 1: 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). <p>EHs/CAHs scheduled to be in Stage 2: Must attest to at least 3 measures from the Public Health Reporting Objective 10 Measures 1-4.</p> <ul style="list-style-type: none"> • May claim an alternate exclusion for Measure 3 (Specialized Registry Reporting Measure) or both. <p>2016 Alternate Exclusion: EHs/CAHs may claim an alternate exclusion for measure 3 (specialized registry reporting) for an EHR reporting period in 2016.</p>	<p>jurisdiction during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no public health agency 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</p> <p>(3) Operates in a jurisdiction where no public health registry for which the EH or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusions for Measure 5: Any EH or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EH or CAH:</p> <p>(1) Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no clinical data 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</p> <p>(3) Operates in a jurisdiction where no clinical data registry for which the EH or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusions for Measure 6: Any EH or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the EH or CAH:</p> <p>(1) Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period;</p> <p>(2) 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</p> <p>(3) Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an EH or CAH as of 6 months prior to the start of the EHR reporting period.</p>

* Clinical Decision Support and CPOE removed as measures beginning in PY 2017 for Medicare and Dually Eligible Hospitals but remain for Medicaid Only EHs

Table B: Stage 2, Modified Stage 2, Stage 3 Comparison

Language changes are noted in **blue**.

Short Title	Requirement Information	Stage 2	Modified Stage 2	Stage 3
		PY 2014	PY 2015, PY 2016, PY 2017	Option to Start in PY 2017
Coordination of Care through Patient Engagement	Objective Measure	N/A – New Stage 3 Objective	N/A	<p>Use CEHRT to engage with patients or their authorized representatives about the patient's care.</p> <p>Providers must attest to all three measures and must meet the thresholds for at least two measures to meet the objective.</p> <p>Measure 1: During the EHR reporting period, more than 10% of all unique patients (or their authorized representatives) discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either:</p> <p>(1) View, download or transmit to a third party their health information; or</p> <p>(2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or</p> <p>(3) a combination of (1) and (2).</p> <p>Measure 1 Threshold for 2017: The resulting percentage must be more than 5%.</p> <p>Measure 1 Threshold for 2018 and Subsequent Years: The resulting percentage must be more than 10%.</p> <p>Measure 2: For more than 25% of all unique patients discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) 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 their authorized representative.</p> <p>Measure 2 Threshold in 2017: The resulting percentage must be more than 5% in order for an EH or CAH to meet this measure</p> <p>Measure 2 Threshold in 2018 and Subsequent Years: The resulting percentage must be more than 25% in order for an EH or CAH to meet this measure.</p> <p>Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5% of all unique patients discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p>
	Exclusion(s)	N/A	N/A	<p>Exclusions: A provider may exclude the measures if one of the following apply:</p> <p>Any EH or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.</p>

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Table C
STAGE 2 (PY 2014) RETIRED MEASURES

Short Title	Objective	Measure	Exclusion(s)
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 EH or CAH.	More than 80 percent of all unique patients seen by the EP or admitted to the EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.	No exclusion
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.	More than 80 percent of all unique patients admitted to the EH'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.	No exclusion
Record Smoking Status	Record smoking status for patients 13 years old or older	More than 80 percent of all unique patients 13 years old or older admitted to the EH's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.	Any EH or CAH that neither sees nor admits any patients 13 years old or older.
Clinical Lab-test Results	Incorporate clinical lab test results into CEHRT as structured data.	More than 55 percent of all clinical lab tests results ordered by authorized providers of the EH 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 CEHRT as structured data.	No exclusion
Patient Lists	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.	Generate at least one report listing patients of the EH or CAH with a specific condition.	No exclusion
eMAR	Automatically track medications from order to administration using assistive technologies in conjunction with an eMAR.	More than 10 percent of medication orders created by authorized providers of the EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.	Any EH or CAH with an average daily inpatient census of fewer than 10 patients.
Advanced Directive	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 EH'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.	An EH or CAH that admits no patients age 65 years old or older during the EHR reporting period.
Electronic Notes	Record electronic notes in patient records.	Enter at least one electronic progress note created, edited and signed by an authorized provider of the EH's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the EH 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 exclusion
Imaging Results	Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the EH or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through CEHRT	No exclusion
Family Health History	Record patient family health history as structured data.	More than 20 percent of all unique patients admitted to the EH 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 exclusion
Structured Labs to Ambulatory Providers	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. Alternate Measure: Hospital labs send structured electronic clinical lab results to the ordering provider for more than 20 percent of lab orders received.	No exclusion