

**Overview**

In summer 2012, The Centers for Medicare and Medicaid Services (CMS) published the *Stage 2 Rule* with specific objectives that eligible professionals (EPs) and eligible hospitals (EHs), including critical access hospitals (CAHs), must meet to continue participating in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs.

**2014 Certification**

In addition to the CMS *Stage 2 Rule*, ONC published its own *2014 Rule* with a substantial increase in the scope and breadth of standards required to take part in the EHR Incentive Programs. Because of the complexity of these changes, all participants—regardless of stage—must use a certified 2014 EHR, effective with FY/CY 2014, to demonstrate meaningful use (MU) of CEHRT.

**Reporting Period**

To allow for the implementation of this technology, CMS has determined that, only for 2014, providers are allowed to demonstrate MU for a three-month reporting period. For Medicare providers, this three-month reporting period has been fixed to the quarter of the fiscal year (FY) for EHs and to the quarter of the calendar year (CY) for EPs. For Medicaid providers, however, states have the option to limit this reporting period to the quarters within the CY or to any consecutive 90-day period.

**MU Requirements**

All providers must achieve MU under the Stage 1 criteria for two years before progressing to Stage 2. Regardless of the stage, however, EPs and EHs must meet a specific number of objectives to demonstrate MU. Although many measures are the same in both stages, many Stage 2 measures have moved from menu to core while others have higher thresholds. Stage 2 also includes new objectives in both the core and menu sets (see tipsheet at [http://www.ihs.gov/meaningfuluse/includes/themes/newihstheme/pdf/Stage\\_2\\_2014\\_PM\\_Sheet.pdf](http://www.ihs.gov/meaningfuluse/includes/themes/newihstheme/pdf/Stage_2_2014_PM_Sheet.pdf)).

Below are the number of objectives required in Stage 2.

**Note:** Exclusions no longer count for meeting objectives.

**EPs**

- 17 Core Objectives
- 3 of 6 Menu Objectives

**EHs**

- 16 Core Objectives
- 3 of 6 Menu Objectives

**New Performance Measures: Core**

- Use secure electronic messaging to communicate with patients on relevant health information (EPs only).
- Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration (eMAR) (EHs only).

**New Performance Measures: Menu Set**

- Record electronic notes in patient records (EPs and EHs).
- Imaging results accessible through CEHRT (EPs and EHs).
- Record patient family health history (EPs and EHs).
- Identify and report cancer cases to state cancer registry (EPs only).
- Identify and report specific cases to a specialized registry other than a cancer registry (EPs only).
- Generate and transmit permissible discharge prescriptions electronically (eRx, new for EHs and CAHs only).
- Provide structured electronic lab results to ambulatory provider (EHs and CAHs only).

**Clinical Quality Measures (CQMs)**

Beginning in 2014, providers in both Stage 1 and Stage 2 must report on CQMs:

- EPs must report on 9 out of 64.
- EHS and CAHs must report on 16 out of 29.

In addition, all providers must select CQMs from at least three of the six health care policy domains recommend by the Department of Health and Human Services National Quality Strategy:

- Patient and Family Engagement
- Patient Safety
- Care Coordination
- Population and Public Health
- Efficient Use of Healthcare Resources
- Clinical Processes/Effectiveness

For more information, contact your area MU national consultant or visit <http://www.ihs.gov/meaningfuluse/>.