STAGE 2 ELIGIBLE HOSPITALS

MEANINGFUL USE PERFORMANCE MEASURES AND RPMS LOGIC FOR

FOR INDIAN HEALTH SERVICE (IHS) 2014 RESOURCE AND PATIENT MANAGEMENT SYSTEM (RPMS) ELECTRONIC HEALTH RECORD (EHR) SITES

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**CPOE for Medication, Laboratory, and Radiology Orders** More than 60 percent of medication, 30 percent of laboratory, and 30 percent of radiology orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.	**Medications** **Denominator Inclusions:** Count each medication in the orders file which meets one of the following criteria during the EHR reporting period. 1. The patient class is equal to inpatient. OR 2. The patient class is equal to outpatient and the patient location equals the emergency department (clinic code 30) AND the institution associated with the hospital location is the same as the reporting hospital. AND the first entry in the Order file “Action” multiple field is not equal to service correction. **Numerator Inclusions:** Count each medication order in the denominator where ""Nature of Order"" for the counted medication does not = ""written"" or “service correction” AND the order was entered by a licensed healthcare professional. **Laboratory** **Denominator Inclusions:** Count each laboratory order in the orders file which meets one of the following criteria during the EHR reporting period. 1. The patient class is equal to inpatient. 2. The patient class is equal to outpatient and the patient location equals the emergency department (clinic code 30) AND the institution associated with the hospital location is the same as the reporting hospital. **Numerator Inclusions:** Count each laboratory order in the denominator where the “Nature of Order” does not = “written” OR “Service Correction” and the order was entered by a licensed healthcare professional. **Radiology** **Denominator Inclusions:** Count each Radiology order in the orders file which meets one of the following criteria during the EHR reporting period. 1. The patient class is equal to inpatient. 2. The patient class is equal to outpatient and the patient location equals the emergency department (clinic code 30) AND the institution associated with the hospital location is the same as the reporting hospital. **Numerator Inclusions:** Count each Radiology/Nuclear Medicine order in the denominator where the “Nature of Order” does not = “written” and the order was entered by a licensed healthcare professional. **Note:** Radiology orders entered through the Rad package file as “Service Correction.” These should be counted as long as they are the 1st action.	No exclusions.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Record Demographics** More than 80 percent of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have demographics recorded as structured data.	**Denominator Inclusions:** A hospitalization, defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A. **Numerator Inclusions:** Count each patient in the Denominator WHERE structured data is present during the EHR reporting period for each of the following data elements (A-E) OR a structured data element is present notating: a) that patient declines to provide the data element information and/or b) If capturing the race and ethnicity is against state law. (A) Preferred language, (B) Sex, (C) Race, (D) Ethnicity, (E) Date of birth And 2. Count each patient with a preliminary cause of death recorded during the reporting period. 2.1 These V Hospitalization file fields must have entries: a. discharge type = death b. date of death (.01) c. preliminary cause of death	No exclusion.
Core	**Record Vital Signs** More than 80 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have blood pressure (for patients age 3 and over only) and/or height/length and weight (for all ages) recorded as structured data.	**Denominator Inclusions:** Count each unique patient who has one or more of the following during the EHR reporting period: 1. A hospitalization, defined as Service Category of H. 2. An emergency department visit defined as clinic code of Emergency Department-30 and a Service Category of A. **Numerator Inclusions:** Count each patient (any age) included in the Denominator where structured data is present for (A) Height (B) Weight AND Count each patient 3 years or older at the beginning of the EHR reporting period in the Denominator WHERE structured data is present during the EHR reporting period for the data element: (C) Blood Pressure Numerator Output Summary Total = A +B +C Patients: all ages height and weight Patients 3 years or older: BP Denominator Output Summary Total = Total # of patients	No exclusion.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Record Smoking Status** More than 80 percent of all unique patients 13 years old or older admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period have smoking status recorded as structured data.	**Denominator Inclusions:** COUNT the number of unique patients age 13 years or older who were admitted during the EHR Reporting Period with a hospitalization defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A. **Numerator Inclusions:** Count each patient in the denominator where structured data is present during the EHR reporting period for smoking status. **Notes:** Smoking status must be recorded with one of the following national tobacco health factors. No other health factors will count for the measure. - Current every day smoker recorded as structured data, - Current some day smoker recorded as structured data. - Former smoker recorded as structured data. - Never smoker recorded as structured data. - Smoker, current status unknown recorded as structured data. - Unknown if ever smoked recorded as structured data. - Heavy tobacco smoker recorded as structured data. - Light tobacco smoker recorded as structured data	**Exclusion** Any eligible hospital or CAH that neither sees nor admits any patients 13 years old or older.
Core	**Clinical Decision Support Rule** 1. Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an eligible hospital or CAH's patient population, the clinical decision support interventions must be related to high-priority health conditions. It is suggested that one of the five clinical decision support interventions be related to improving healthcare efficiency. 2. The eligible hospital or CAH has enabled the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals and CAHs must attest YES to implementing 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. Eligible hospitals and CAHs must attest YES to enabling and implementing the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	No exclusion

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Protect Electronic Health Information** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for eligible hospitals.	**Attestation Requirements** YES/NO	No exclusion.
Core	**Clinical Lab Test Results:** More than 55 percent of all clinical lab tests results ordered by authorized providers of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative affirmation or numerical format are incorporated in Certified EHR Technology as structured data.	**Denominator Exclusion:** Pap smears ordered using any of the following CPT codes: [88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091]. The results for these orders are expressed with text and are excluded from the measure. **Denominator Inclusions:** Count each V LAB entry ordered by an eligible professional during the EHR reporting period that meets the following criteria: 1. A hospitalization, defined as Service Category H; OR 2. An in hospital visit, defined as Service Category I; or 3. An emergency department visit, defined as clinic code of Emergency Department-30 and a Service Category of A. Each event must also meet all of the following criteria: 1. The lab test is not a Pap Smear, determined by using the BGP PAP SMEARTEST lab taxonomy. 2. The result of the test is not equal to ""canc"" (these tests were cancelled). 3. Where the lab test is a single test or a panel. When the order is a panel, count each individual test included in the panel as a single test order. **Numerator Inclusions:** COUNT each single test in the denominator where the status flag is RESULTED; AND 1. WHERE RESULTS does not equal ""comment""; OR 2. If RESULTS = ""comment"" THEN COMMENTS does not equal null AND 3. COUNT each test in a panel where the status flag is RESULTED AND 4. WHERE RESULTS does not equal ""comment""; OR 5. If RESULTS = ""comment"" THEN COMMENTS does not equal null"	No exclusions.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Patient Lists** Generate at least one report listing patients of the eligible hospital or CAH with a specific condition.	**Attestation Requirements** YES/NO The Eligible Hospital or CAH must attest YES to generating at least one report listing patients of the eligible hospital or CAH with a specific condition.	No exclusions.
Core	**Patient Electronic Access** 1. More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge. 2. More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.	**Denominator Inclusions:** Count the number of unique patients discharged from an eligible hospital inpatient or emergency department during the EHR reporting period. A hospitalization is defined with a Service Category of H. An emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A. Search for all discharges up to the last day of EHR Reporting Period. **Measure A Numerator Inclusions:** The number of patients included in the denominator who meet the following criteria: 1. A patient education code of AF-PHR is documented in the V PATIENT ED file AND the Visit File VISIT/ADMIT DATE&TIME field contains a date before or during the reporting period (can be after discharge date). OR The PHR HANDOUT field (9000001.8901,.02)In the Patient file contains " 1" (Yes) and the PHR HANDOUT DATE (9000001.8901,.01) field contains a date before or during the reporting period (can be after discharge date). AND 2. A CCDA receipt confirmation from the HIE is logged within 36 hours of discharge date. If there is more than 1 document transmitted for a hospitalization within 36 hours of discharge date, only the first document sent should count in the numerator. For example, the provider modifies and this triggers a resend. MEASURE B DENOMINATOR THE SAME AS "A" **Measure B Numerator Inclusions:** Count the number of patients included in the denominator who have viewed their online information during the EHR reporting period, determined in the following manner: 1. RPMS sends EHR reporting period date range and Patient ID from denominator and queries API BPHRMUM (located in namespace BPHR). 2. API BPHRMUM returns: Patients recorded as having access to PHR and Date PHR Accessed.	**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 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.
Core	**Patient-Specific Education Resources** More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) are provided patient- specific education resources identified by Certified EHR Technology.	**Denominator Inclusions:** COUNT the number of unique patients admitted to the inpatient hospitalization defined as Service Category of H or an emergency department visit (admission) defined as clinic code of Emergency Department-30 AND a Service Category of A. **Numerator Inclusions:** COUNT the number of patients in the denominator WHERE the patient has one or more entries of the patient and family education subtopic of literature (L) during the EHR reporting period.	No exclusion.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Medication Reconciliation** The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	**Denominator inclusion:** Count each patient event during the EHR reporting period which meet the following criteria: 1. A hospitalization, defined as Service Category of H and an admission type of: (A) Trans-Non IHS Admission (B) Trans-IHS Admission (C) Referred Admission OR 2. An emergency department visit, defined as clinic code of Emergency Department-30 and a Service Category of A with a ""Yes"" value in the ""Was the patient transferred from another facility"" field in the ER Visit file. (This field follows the Visit Type in the ER admission process.) **Numerator Inclusion:** 1. Count each visit in the denominator where - SNOMED Code 428191000124101 (Documentation of current medications (procedure)) is present in the SNOMED CT field of the V Updated/Reviewed file. AND THE 2. Event Date and Time entry in the V Updated/Reviewed file field is during the reporting period.	No exclusion

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Summary of Care** **Measure 1:** • The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of are and referrals. **Measure 2:** • The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network. **Measure 3:** The eligible hospital or CAH must satisfy one of the two following criteria: • Conducts one or more successful electronic exchanges of a summary of care document, which is counted in "measure 2" (for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or • Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.	**Denominator Exclusions:** All in-house referrals. Exclude EHs and CAHs that have no referrals during the EHR reporting period as defined below. **Denominator Inclusions:** Count each inpatient RCIS referral which meets the following criteria: 1. There is a hospitalization defined as Service Category H during the EHR reporting period OR 2. An emergency department visit defined as Emergency Department-30 and Service Category of A occurred during the EHR reporting period. AND 3. There is an entry for the visit in the V Referral file AND 4. The RCIS Referral file field REFERRAL TYPE entry is not equal to “N” (In-House) AND 5. The RCIS Referral file contains a value in the DATE APPROVED field that is within the EHR Reporting period AND there is a value in the EXPECTED BEGIN DOS field. **Measure 1** **Numerator Inclusions:** 1. Printed documents - count each referral in the Denominator which meets the following criteria: The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.04 DOCUMENT TYPE = CP (CCDA PRINTED). AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.01 DATE-TIME PRINTED OR TX-FILE, which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period. OR If there is no entry in RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT , there is an entry in the APCC Document Log File, Document Type Field of “2” (Transition of Care) AND an entry in the APCC DOCUMENT LOG file DATE /TIME field equal to the visit date. 2. Transmitted documents - count each referral in the Denominator which meets the following criteria: The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.04, DOCUMENT TYPE = CT (CCDA TRANSMITTED). AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT , sub-field 90001.6,.06, DATE-TIME TX SENT, which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period. **Measure 2:** Take the results of # 2 (Transmitted Documents) above and check for acknowledgement. **Denominator Inclusions:** Same as Measure 1 **Numerator Inclusion:** Transmitted documents - count each referral in the Denominator which meets the following criteria: The RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 90001.6,.04, DOCUMENT TYPE = CT (CCDA TRANSMITTED). AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT , sub-field 90001.6,.06, DATE-TIME TX SENT, which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period. AND There is a value in the RCIS Referral sub-file 600, TRANSITION OF CARE DOCUMENT, sub-field 900001.6,.03, DATE-TIME TX ACKNOWLEDGED which is equal to or between the value in the DATE APPROVED field and the last day of the EHR reporting period.	**Exclusion** No exclusion.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Immunization Registries Data Submission** Successful ongoing submission of electronic immunization data from Certified EHR Technology to an immunization registry or immunization information system for the entire EHR reporting period	**Attestation Requirements**. Yes/No **Exclusion** Any eligible hospital or CAH that meets one or more of the following criteria may be excluded from this objective: (1) The eligible hospital or CAH does not administer any of the 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; (2) The eligible hospital or CAH operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for Certified EHR Technology at the start of their EHR reporting period; (3) The eligible hospital or CAH operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data; or (4) The eligible hospital 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 Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs.	**Exclusion – see Attestation Requirement**
Core	**Syndromic Surveillance Data Submission** Successful ongoing submission of electronic syndromic surveillance data from Certified EHR Technology to a public health agency for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals or CAHS must attest YES to meeting one of the following criteria under the umbrella of ongoing submission: • Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. • Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation. **Exclusion:** If no public health agency to which the eligible hospital or CAH submits such information has the capacity to receive the information electronically, or if it is prohibited, then the eligible hospital or CAH would be excluded from this requirement. Eligible hospitals or CAHs must select NO next to the appropriate exclusion, then click the APPLY button in order to attest to the exclusion.	**Exclusion – see Attestation requirements**

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Core	**Electronic Reportable Laboratory Results** Successful ongoing submission of electronic reportable laboratory results from Certified EHR Technology to a public health agency for the entire EHR reporting period.	**Attestation Requirements** YES/NO Eligible hospitals or CAHS must attest YES to meeting one of the following criteria under the umbrella of ongoing submission: •Ongoing submission was already achieved for an EHR reporting period in a prior year and continues throughout the current EHR reporting period. • Registration with the public health agency or other body to whom the information is being submitted of intent to initiate ongoing submission was made by the deadline (within 60 days of the start of the EHR reporting period) and ongoing submission was achieved. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is still engaged in testing and validation of ongoing electronic submission. • Registration of intent to initiate ongoing submission was made by the deadline and the EP or hospital is awaiting invitation to begin testing and validation. **Exclusion** Any eligible hospital or CAH that meets one or more of the following criteria: (A) Operates in a jurisdiction for which no public health agency is capable of receiving electronic reportable laboratory results in the specific standards required for Certified EHR Technology at the start of their EHR reporting period. (B) Operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results. (C) Operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by Certified EHR Technology at the start of their EHR reporting period can enroll additional eligible hospitals or CAHs. CFR 170.314(f)(4).	**Exclusion – see Attestation requirements.**
Core	Electronic Medication Administration Record (eMAR) More than 10 percent of medication orders created by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period for which all doses are tracked using eMAR.	**Calculate Exclusion:** Count the total # of patients admitted, the number of H visits for the EH, during the previous calendar year divided by 365 or 366. **Denominator Inclusions:** Count each medication order in the Pharmacy Orders file (file 55), created by an authorized provider of the Eligible Hospital during the EHR reporting period, which meets the following criteria: 1.The order is an inpatient order 2.Tthe medication order date is during the EHR reporting period **Numerator Inclusions:** Count the number of orders in the denominator for which ALL doses are tracked using eMar.	**Exclusion** Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	**Electronic Notes** Enter at least one electronic progress note created, edited and signed by an authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) for more than 30 percent of unique patients admitted to the eligible hospital or CAH's inpatient or emergency department during the EHR reporting period. The text of the electronic note must be text searchable and may contain drawings and other content.	**Denominator Inclusions:** The number of unique patients with one or more inpatient admissions during the EHR reporting period which meet the following criteria: hospitalization defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department (30) and a service category of A, AND the institution associated with the hospital location is the same as the reporting hospital. **Numerator Inclusions:** The number of patients in the denominator who have at least one electronic progress note entered during the reporting period from an authorized provider of the eligible hospital's or CAH's inpatient or emergency department recorded as text searchable data in the TIU DOCUMENT file (8925) which meets the following criteria: 1. Any EP is the note author (TIU Document field 1202) and 2. The EP is the note signer (recorded in the TIU Document file field "1502 Signed by") OR 3. The EP is the note co-signer (recorded in the TIU Document file field 1508 C"OSIGNED BY") and the note author and signer are in the TIU user class "Student" AND 5. Field #2, "Report Text," does not contain "VistA Imaging - Scanned Document." **Note:** Authorized provider must be a member of one of the following provider classes 00 PHYSICIAN, 11 PHYSICIAN ASSISTANT ,16 PEDIATRIC NURSE PRACTITIONER ,17 NURSE MIDWIFE ,21 NURSE PRACTITIONER ,41 CONTRACT OB/GYN, 44 TRIBAL PHYSICIAN ,45 OSTEOPATHIC MEDICINE ,52 DENTIST ,64 NEPHROLOGIST, 68 EMERGENCY ROOM PHYSICIAN ,70 CARDIOLOGIST, 86 DERMATOLOGIST, A1 SPORTS MEDICINE PHYSICIAN, A4 NATUROPATH PHYSICIAN ,A9 HEPATOLOGIST, B1 GASTROENTEROLOGIST ,B2 ENDOCRINOLOGIST ,B3 RHEUMATOLOGIST, B4 ONCOLOGIST HEMATOLOGIST,B5 PULMONOLOGIST,B6 NEUROSURGEON A note may only be counted one time, if edited by original author and signer, do not count.	**Exclusion** No exclusion.
Menu	**Family Health History** More than 20 percent of all unique patients admitted to the eligible hospital or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have a structured data entry for one or more first-degree relatives.	**Denominator Inclusions:** COUNT the number of unique patients who were admitted during the EHR reporting period with a hospitalization defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A. **Numerator Inclusions:** Count the number of patients in the denominator with a structured data entry in the Family History file "Relation/Family Member" field which contains "Natural" OR "Unknown." Notes: For Family History – IHS will include any entry that begins with "natural" or is "unknown." NATURAL BROTHER , NATURAL CHILD NATURAL DAUGHTER, NATURAL FATHER NATURAL MOTHER, NATURAL PARENT NATURAL SISTER, NATURAL SON	No exclusion.

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	MU Performance Measure	Stage 2 EH RPMS Logic for Numerator and Denominator	CMS Exclusion
Menu	**Imaging Results** More than 10 percent of all tests whose result is one or more images ordered by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period are accessible through Certified EHR Technology.	**Denominator Inclusions:** Count the number of entries (exams) in the Rad/Nuc Med Patient file (#70) which meet the following criteria: 1. Ordered by an authorized provider (EP name is in Requesting Physician field (70.03,14)) during the EHR reporting period (look at Requested Date field (70.03, 21)) AND 2. Has an Exam Status (70.03,3) of either Examined or Complete AND 3. The associated patient has a hospitalization defined as Service Category of H or an emergency department visit defined as clinic code of Emergency Department-30 AND a Service Category of A AND 4. The exam request date was between the patient's hospital admission date and the discharge date. **Numerator Inclusions:** Count the number of entries from the denominator where the Rad/NUC Report file image field (2005) is not null.	No exclusion.
Menu	**e Prescribing (eRx)** 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 certified EHR technology.	**IHS Denominator Exclusion:** Any prescription for a Controlled Substance identified by DEA special handling code of 1-5. **Denominator Inclusions**: Count the number of new, changed, or refill prescriptions, other than controlled substances, in the Prescription file issued during the EHR reporting period for inpatients **Numerator Inclusion:** Count each prescription in the denominator that meets the conditions below: 1. The "Nature of Order" does not = "written." 2. The Discharge Medication field is set to "Yes" (1).	**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.
Menu	**Advance Directive** More than 50 percent of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period have an indication of an advance directive status recorded as structured data.	**Measure Exclusions:** Exclude patient admissions for patients with an age of less than or equal to 65 years on date of admission during the EHR reporting period. Patients admitted to an emergency department should are included in the calculation. **Denominator Inclusions:** Count the number of unique patients WITH an age of 65 years or older on date of admission and a hospitalization defined as Service Category H **Numerator Inclusions:** Count each patient in the Denominator WHERE structured data is present indicating one or more of the following conditions: 1. There is a note title in the TIU Document Class of "Advance Directive." 2. Have an Advance Directive value of "Yes" or "No" recorded in Patient Registration.	**Exclusion** An eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.

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