

## Stage 2 Meaningful Use: Objectives, Measures, Numerators/Denominators, and Exclusions

	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Core	EP	EH	<b>CPOE:</b> Use 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.	More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP or 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. *Exclusions apply: see CMS rule	<b>Measure 1: Medication</b> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of medication orders in the denominator recorded using CPOE.</li> </ul> <b>Measure 2: Radiology</b> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of radiology orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of radiology orders in the denominator recorded using CPOE.</li> </ul> <b>Measure 3: Laboratory</b> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of laboratory orders in the denominator recorded using CPOE.</li> </ul>	Any EP who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.  No Exclusion for EHs or CAHs.
Core	EP	EH	<b>Record Demographics:</b> EPs: Record the following demographics: <ul style="list-style-type: none"> <li>Preferred language</li> <li>Sex</li> <li>Race</li> <li>Ethnicity</li> <li>Date of birth.</li> </ul> EHs/CAHs: Record the following demographics: <ul style="list-style-type: none"> <li>Preferred language</li> <li>Sex</li> <li>Race</li> <li>Ethnicity</li> <li>Date of birth</li> <li>Date and preliminary cause of death in the event of mortality in the EH or CAH.</li> </ul>	<b>EPs:</b> More than 80% 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.  <b>EHs:</b> More than 80% 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.	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients seen by the EP or admitted to an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of patients in the denominator who have all the elements of demographics (or a specific notation if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.</li> </ul>	No exclusions.
Core	EP	EH	<b>Vital Signs:</b> Record and chart changes in vital signs: <ul style="list-style-type: none"> <li>Height/length</li> <li>Weight</li> <li>Blood pressure (BP) (age 3+)</li> <li>Calculate and display BMI</li> <li>Plot and display growth charts for children 0–20 years, including BMI.</li> </ul>	More than 80% 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 BP (for patients age 3+ only) and height/length and weight (for all ages) recorded as structured data. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: Number of patients in the denominator who have at least one entry of their height/length and weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.</li> </ul>	Any EP who: <ol style="list-style-type: none"> <li>Sees no patients 3 years or older is excluded from recording blood pressure.</li> <li>Believes that all 3 vital signs of height/length, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them.</li> <li>Believes that height/length and weight are relevant to their scope or practice, but blood pressure is not, is excluded from recording blood pressure.</li> <li>Believes that blood pressure is relevant to their scope of practice, but height/length and weight are not, is excluded from recording height/length and weight.</li> </ol> No Exclusion for EHs or CAHs.

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Core	EP	EH	<b>Smoking Status:</b> Record smoking status for patients 13 years old or older.	More than 80% of all unique patients 13 years old or older 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 smoking status recorded as structured data. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients age 13 or older seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of patients in the denominator with smoking status recorded as structured data.</li> </ul>	<p>Any EP that neither sees nor admits any patients 13 years old or older.</p> <p>Any eligible hospital or CAH that neither sees nor admits any patients 13 years old or older.</p>
Core	EP	EH	<b>Clinical Decision Support:</b> Use clinical decision support to improve performance on high-priority health conditions.	<p>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, EH's, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. Absent four clinical quality measures related to [an EP's scope of practice or patient population/an eligible hospital or CAH's patient population], the clinical decision support interventions must be related to high-priority health conditions.</p> <p>2. The EP, EH, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p> <p>*Exclusions apply: see CMS rule for details</p>	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	<p>For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>No Exclusion for EHs or CAHs.</p>
Core	EP	EH	<b>Patient List:</b> 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 EP, EH, or CAH with a specific condition.	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	No exclusions.
Core	EP		<b>Preventive Reminders:</b> Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care and send these patients the reminder, per patient preference.	More than 10% of all unique patients who have had two or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients who have had two or more office visits with the EP in the 24 months prior to the beginning of the EHR reporting period.</li> <li>NUMERATOR: Number of patients in the denominator who were sent a reminder per patient preference when available during the EHR reporting period.</li> </ul>	Any EP who has had no office visits in the 24 months before the EHR reporting period.

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	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Core	EP	EH	<b>Patient Specific Education:</b> Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient.	EP: Patient specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period. *EP Exclusions apply: see CMS rule  EHs/CAHs: More than 10% 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.	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients with office visits seen by the EP or admitted to the EH's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: Number of patients in the denominator who were provided patient-specific education resources identified by the Certified EHR Technology.</li> </ul>	Any EP who has no office visits during the EHR reporting period.  No Exclusion for EHs or CAHs.
Core		EH	<b>eMAR:</b> Automatically track medications from order to administration using assistive technologies in conjunction with an electronic medication administration record (eMAR).	More than 10% 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.  *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of medication orders created by authorized providers in the EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of orders in the denominator for which all doses are tracked using eMAR.</li> </ul>	Any eligible hospital or CAH with an average daily inpatient census of fewer than 10 patients.
Core	EP		<b>eRx:</b> Generate and transmit permissible prescriptions electronically (eRx).	More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.  *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or Number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.</li> <li>NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.</li> </ul>	Any EP who: <ol style="list-style-type: none"> <li>Writes fewer than 100 permissible prescriptions during the EHR reporting period.</li> <li>Does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.</li> </ol>

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Core	EP	EH	<p><b>Summary of Care:</b>            The EP, 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.</p>	<p>1. The EP, 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% of transitions of care and referrals.</p> <p>2. The EP, 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% 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> <p>3. An EP, EH, or CAH must satisfy one of the following:            (A) Conducts one or more successful electronic exchanges of a summary of care record meeting the measure (for EPs at § 495.6(j)(14)(ii)(B) and for eligible hospitals and CAHs the measure at § 495.6(l)(11)(ii)(B)) with a recipient using technology to receive the summary of care record that was designed by a different EHR developer than the sender’s EHR technology certified at 45 CFR 107.314(b)(2); or            (B) Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.</p>	<p><b>Measure 1:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of transitions of care and referrals during the EHR reporting period for which the EP or the EH’s or CAH’s inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.</li> <li>NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was provided.</li> </ul> <p><b>Measure 2:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of transitions of care during the EHR reporting period for which the EP or the EH’s or CAH’s inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.</li> <li>NUMERATOR: The number of transitions of care and referrals in the denominator where a summary of care record was 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. The organization can be a third-party or the sender’s own organization.</li> </ul> <p><b>Measure 3:</b>            YES/NO</p> <p>The EP/EH/CAH attests YES to one of the two criteria:</p> <ul style="list-style-type: none"> <li>Conducts one or more successful electronic exchanges of a summary of care document, which is counted in “measure 2” (for EPs the measure at §495.6(j)(14)(ii)(B))/ (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</li> <li>Conducts one or more successful tests with the CMS designated Test EHR during the EHR reporting period.</li> </ul>	<p>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 is excluded from all three measures.</p> <p>No Exclusion for EHs or CAHs.</p>
Core	EP	EH	<p><b>Medication Reconciliation:</b>            The EP, 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.</p>	<p>The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.</p> <p>*Exclusions apply: see CMS rule for details            The EH or CAH performs medication reconciliation for more than 50% 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>	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of transitions of care during the EHR reporting period for which the EP or the EH’s or CAH’s inpatient or emergency department (POS 21 or 23) was the receiving party of the transition.</li> <li>NUMERATOR: The number of transitions of care in the denominator where medication reconciliation was performed.</li> </ul>	<p>Any EP who was not the recipient of any transitions of care during the EHR reporting period.</p> <p>No Exclusion for EHs or CAHs.</p>

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	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Core	EP	EH	<b>Clinical Lab Test Results:</b> Incorporate clinical lab test results into CEHRT as structured data.	More than 55 % of all clinical lab tests results ordered by the EP or 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.  *Exclusions apply: see CMS rule for details	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of lab tests ordered during the EHR reporting period by the EP or by authorized providers of the EH or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) whose results are expressed in a positive or negative affirmation or as a number.</li> <li>NUMERATOR: Number of lab test results which are expressed in a positive or negative affirmation or as a numeric result which are incorporated in CEHRT as structured data.</li> </ul>	Any EP who orders no lab tests where results are either in a positive/negative affirmation or numeric format during the EHR reporting period.  No Exclusion for EHs or CAHs.
Core	EP	EH	<b>Protect Electronic Health Info:</b> Protect electronic health information created or maintained by the CEHRT through the implementation of appropriate technical capabilities.	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 EP's, EH's, or CAH's risk management process.	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements</li> </ul>	No exclusions.

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	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Core	EP	EH	<p><b>Patient Electronic Access:</b>            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.</p> <p>EHs/CAHs: Provide patients the ability to view online, download, and transmit information about a hospital admission.</p>	<p>1. More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information.</p> <p>2. More than 5% of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.</p> <p>*Exclusions apply: see CMS rule for details</p>	<p><b>Measure 1:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.</li> <li>NUMERATOR: The number of patients in the denominator who have timely (within 4 business days after the information is available to the EP) online access to their health information.</li> </ul> <p><b>Measure 2:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.</li> <li>NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information.</li> </ul>	<p>Any EP who:</p> <p>(1) Neither orders nor creates any of the information listed for inclusion as part of both measures, except for "Patient name" and "Provider's name" and office contact information, may exclude <b>both</b> measures.</p> <p>(2) 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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude <b>only</b> the second measure.</p>
			<p>1. More than 50% of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an EH or CAH have their information available online within 36 hours of discharge.</p> <p>2. More than 5% of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an EH or CAH (or their authorized representatives) view, download or transmit to a third party their information during the EHR reporting period.</p> <p>*Exclusions apply: see CMS rule for details</p>	<p><b>Measure 1:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients discharged from an EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of patients in the denominator whose information is available online within 36 hours of discharge.</li> </ul> <p><b>Measure 2:</b></p> <ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients discharged from an EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li>NUMERATOR: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the discharge information provided by the eligible hospital or CAH.</li> </ul>	<p>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>	
Core	EP		<p><b>Clinical Summaries:</b>            Provide clinical summaries for patients for each office visit.</p>	<p>Clinical summaries provided to patients or patient-authorized representatives within 1 business day for more than 50% of office visits.</p> <p>*Exclusions apply: see CMS rule for details</p>	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of office visits conducted by the EP during the EHR reporting period.</li> <li>NUMERATOR: Number of office visits in the denominator where the patient or a patient-authorized representative is provided a clinical summary of their visit within one (1) business day.</li> </ul>	<p>Any EP who has no office visits during the ER reporting period.</p>
Core	EP	EH	<p><b>Secure Electronic Messaging:</b>            Use secure electronic messaging to communicate with patients on relevant health information.</p>	<p>A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.</p> <p>*Exclusions apply: see CMS rule</p>	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of unique patients seen by the EP during the EHR reporting period.</li> <li>NUMERATOR: The number of patients or patient-authorized representatives in the denominator who send a secure electronic message to the EP that is received using the electronic messaging function of CEHRT during the EHR reporting period.</li> </ul>	<p>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 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>



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Core	EP	EH	<b>Immunization Submission:</b> Capability to submit electronic data to immunization registries or immunization information systems, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire reporting period. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	Any EP, EH or CAH that meets one or more of the following criteria may be excluded from this objective: <ol style="list-style-type: none"> <li>The EP, EH 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;</li> <li>The EP, 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 Certified EHR Technology at the start of their EHR reporting period;</li> <li>The EP, 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</li> <li>The EP, 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 Certified EHR Technology at the start of their EHR reporting period can enroll additional EPs, eligible hospitals or CAHs.</li> </ol>
Core		EH	<b>Syndromic Surveillance:</b> Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	Any EH or CAH that meets one or more of the following criteria may be excluded from this objective: <ol style="list-style-type: none"> <li>Does not have an emergency or urgent care department;</li> <li>Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by Certified EHR Technology at the start of their EHR reporting period;</li> <li>Operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data; or</li> <li>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.</li> </ol>

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Core		EH	<b>Reportable Lab Results:</b> Capability to submit electronic reportable laboratory results to public health agencies, except where prohibited, and in accordance with applicable law and practice.	Successful ongoing submission of electronic reportable laboratory results from CEHRT to a public health agency for the entire EHR reporting period.  *Exclusions apply: see CMS rule for details	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	<p>Any EH or CAH that meets one or more of the following criteria:</p> <p>(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.</p> <p>(B) Operates in a jurisdiction for which no public health agency provides information timely on capability to receive electronic reportable laboratory results.</p> <p>(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 EHs or CAHs.</p>
Menu	EP	EH	<b>Electronic Notes:</b> Record electronic notes in patient records.	<p><b>EP:</b> Enter at least one electronic progress note created, edited and signed by an EP for more than 30% of unique patients with at least one office visit during the EHR reporting period. The text of the electronic note must be text-searchable and may contain drawings and other content.</p> <p><b>EH/CAH:</b> 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% 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.</p>	<ul style="list-style-type: none"> <li><b>DENOMINATOR:</b> Number of unique patients with at least one office visit seen by the EP or admitted to an EH's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</li> <li><b>NUMERATOR:</b> The number of unique patients in the denominator who have at least one electronic progress note from an EP or authorized provider of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) recorded as searchable data.</li> </ul>	No Exclusions.
Menu	EP	EH	<b>Imaging Results:</b> Imaging results consisting of the image itself and any explanation or other accompanying information are accessible through CEHRT.	<p><b>EP:</b> More than 10 percent of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through Certified EHR Technology. *Exclusions apply: see CMS rule</p> <p><b>EH/CAH:</b> More than 10 percent of all tests whose result is an image 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.</p>	<ul style="list-style-type: none"> <li><b>DENOMINATOR:</b> Number of tests whose result is one or more images ordered by an EP or by an authorized provider on behalf of the EH or CAH for patients admitted to its inpatient or emergency department (POS 21 and 23) during the EHR reporting period.</li> <li><b>NUMERATOR:</b> The number of results in the denominator that are accessible through Certified EHR Technology.</li> </ul>	<p>Any EP who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the EHR reporting period.</p> <p>No Exclusion for EHs or CAHs.</p>



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	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Menu	EP	EH	<b>Family Health History:</b> Record patient family health history as structured data.	More than 20% 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 a structured data entry for one or more first-degree relatives. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of 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.</li> <li>NUMERATOR: The number of patients in the denominator with a structured data entry for one or more first-degree relatives.</li> </ul>	<p>Any EP who has no office visits during the EHR reporting period.</p> <p>No Exclusion for EHs or CAHs.</p>
Menu		EH	<b>Advance Directives:</b> Record whether a patient 65 years old or older has an advance directive	More than 50% 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. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: The number of unique patients age 65 or older admitted to an EH's or CAH's inpatient department (POS 21) during the EHR reporting period.</li> <li>NUMERATOR: The number of patients in the denominator who have an indication of an advance directive status entered using structured data.</li> </ul>	An EH or CAH that admits no patients age 65 years old or older during the EHR reporting period.
Menu		EH	<b>eRx:</b> Generate and transmit permissible discharge prescriptions electronically (eRx).	More than 10% 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. *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>DENOMINATOR: Number of new, changed, or refill prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.</li> <li>NUMERATOR: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.</li> </ul>	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.
Menu	EP		<b>Syndromic Surveillance:</b> Capability to submit electronic syndromic surveillance data to public health agencies, except where prohibited, in accordance with applicable law and practice.	Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire reporting period.  *Exclusions apply: see CMS rule	<ul style="list-style-type: none"> <li>YES/NO Attestation Requirements.</li> </ul>	<p>Any EP that meets one or more of the following criteria may be excluded from this objective:</p> <p>(1) The EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period;</p> <p>(2) The EP 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) The EP operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data; or</p> <p>(4) The EP 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 EPs.</p>

## Stage 2 Meaningful Use: Objectives, Measures, Numerators/Denominators, and Exclusions

	EP	EH	Objective	Measure	Numerator and Denominator	Exclusion
Menu	EP		<p><b>Specific Cases:</b>            Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice.</p>	<p>Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.            *Exclusions apply: see CMS rule</p>	<ul style="list-style-type: none"> <li>• YES/NO Attestation Requirements.</li> </ul>	<p>Any EP that meets at least 1 of the following criteria may be excluded from this objective:</p> <p>(1) The EP does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction;</p> <p>(2) The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period;</p> <p>(3) The EP operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries; or</p> <p>(4) The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period can enroll additional EPs.</p>
CQM	EP	EH	<p>Objective is incorporated directly into the definition of a meaningful EHR user and eliminated as an objective.</p> <p>See CMS's regulation for CQM reporting requirements.</p>	<p>Objective is incorporated directly into the definition of a meaningful EHR user and eliminated as an objective.</p> <p>See CMS's regulation for CQM reporting requirements.</p>		