

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
	1	Use CPOE	<b>EP Measure:</b> CPOE is used for at least 80 percent of all orders	The numerator for this objective is orders issued by the EP entered using the CPOE functionality of certified EHR technology during the EHR reporting period.	The denominator for this objective is all orders issued by the EP during the EHR reporting period. These are orders issued by an EP for both their Medicare/Medicaid population and all other patients.	We are proposing that to be a <u>meaningful EHR user an EP must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology.</u> An EP for who does not conduct 50 percent of their patient encounters in any one practice/location would have to meet the 50 percent threshold through a combination of practices/locations. While control is less assured in this situation, CMS still needs to advance the health care priorities of the definition of meaningful use and provide some level of equity. We invite comments as to whether this denominator is feasible to obtain for EPs, whether this exclusion (the denominator for patients seen when certified EHR technology is not available) is appropriate, whether a minimum threshold is necessary and whether 50 percent is an appropriate threshold. We note that in evaluating the 50 percent threshold, our proposal is to review all locations/organizations at which an EP practices. So, for example, if the EP practices at both an FQHC and within his or her individual practice, we would include in our review both of these locations.	We believe it is unlikely that an EP would use one record keeping system for one patient population and another system for another patient population at one location. Requiring reporting differences based on payers would actually increase the burden of meeting meaningful use. We are concerned about the application of this denominator for EPs who see patients in multiple practices or multiple locations. If an EP does not have certified EHR technology available at each location/practice where they see patients it could become impossible to reach the thresholds set for measuring the objectives. We do not seek to exclude EPs who meaningfully use certified EHR technology when it is available because they also provide care in another practice where certified EHR technology is not available. Therefore we are proposing all measures be limited to actions taken at practices/locations equipped with certified EHR technology. A practice is equipped if certified EHR technology is available at the beginning of the EHR reporting period for a given location.. Equipped does not mean the certified EHR technology is functioning on any given day in the EHR reporting period. Allowances for downtime and other technical issues with certified EHR technology are made in the establishment of the measure thresholds. We are concerned that seeing a patient without certified EHR technology available does not advance the health care policy priorities of the definition of meaningful use. We are also concerned about possible inequality between EPs receiving the same incentive, but using certified EHR technology for different proportions of their patient population. We believe that an EP would have the greatest control of whether certified EHR technology is available in the practice in which they see the greatest proportion of their patients.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
1		<b>Eligible Hospital Objective:</b> Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP)		The numerator for this objective is orders entered in an inpatient facility/department that falls under the eligible hospital's CCN and by an authorized provider using CPOE functionality of certified EHR technology during the EHR reporting period. Inpatient facility/department is defined by the place of service code 21. Further discussion about POS 21 is available at section II.A.6. of this proposed rule and at <a href="http://www.cms.hhs.gov/PlaceofServiceCodes/">http://www.cms.hhs.gov/PlaceofServiceCodes/</a> .	The denominator for this objective is all orders entered in an inpatient facility/department that falls under the eligible hospital's CCN and issued by the authorized providers in the hospital during the EHR reporting period. These are orders issued for both their Medicare/Medicaid population and all other patients.	The rationale for the establishment of this measure is identical to that of the EP, except in the establishment of the threshold percentage. <u>In considering CPOE, the HIT Policy Committee did specify this lower percentage (10 percent) for eligible hospitals.</u> Public input described previously in this proposed rule indicated that CPOE is traditionally one of the last capabilities implemented at hospitals. Also, many hospitals choose to implement one department at a time. Detailed comments can be found at <a href="http://healthit.hhs.gov/meaningfuluse">http://healthit.hhs.gov/meaningfuluse</a> . For these reasons the HIT Policy Committee recommended this lower threshold. We agree with the lower threshold for the same reasons.	
2	2	<b>EP/Eligible Hospital Objective:</b> Implement drug-drug, drug-allergy, drug-formulary checks	<b>EP/Eligible Hospital Measure:</b> The EP/eligible hospital has enabled this functionality				The capability of conducting automated drug-drug, drug-allergy, and drug-formulary checks is included in the certification criteria for certified EHR technology (to be determined by ONC in its upcoming interim final rule). This automated check provides information to advise the EP or eligible hospital's decisions in prescribing drugs to a patient. The only action taken by the EP or eligible hospital is to consider this information. Many current EHR technologies have the option to disable these checks and the certification process does not require the removal of this option. Therefore, in order to meet this objective, an EP or eligible hospital would be required to enable this functionality. While this does not ensure that an EP or an eligible hospital is considering the information provided, it does ensure that the information is available.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
3	3	<p><b>EP/Eligible Hospital Objective:</b></p> <p>Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®</p>	<p><b>EP/Eligible Hospital Measure:</b> At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data.</p>	<p>The numerator for this objective is the number of unique patients seen by an EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that have at least one ICD-9-CM or SNOMED CT® -coded entry or an indication of none in the problem list. A unique patient means that even if a patient is seen multiple times during the EHR reporting period they are only counted once.</p>	<p>The denominator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.</p>	<p>As this objective relies solely on a capability included as part of certified EHR technology and is not reliant on the electronic exchange of information, we propose to set the percentage required for successful demonstration at 80 percent. The reasoning for this is the same as under CPOE for EPs. <u>Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use</u> as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.</p>	<p>The reason we propose to base the measure on unique patients as opposed to every patient encounter, is that a problem list would not necessarily have to be updated at every visit. The capability to maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT® is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or an eligible hospital must utilize this capability as part of the daily work process.</p>
	4	<p><b>EP Objective:</b></p> <p>Generate and transmit permissible prescriptions electronically (eRx)</p>	<p><b>EP Measure:</b> At least 75 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.</p>	<p>The numerator for this objective is the number of prescriptions for other than controlled substances generated and transmitted electronically during the EHR reporting period.</p>	<p>The denominator for this objective is the number of prescriptions written for other than controlled substances during the EHR reporting period.</p>	<p>While this measure does rely on the electronic exchange of information based on the public input previously discussed and our own experiences with e-Rx programs, we believe this is the most robust electronic exchange currently occurring and <u>propose 75 percent as an achievable threshold for the Stage 1 criteria of meaningful use</u>. Though full compliance (that is, 100 percent) is the ultimate goal, 75 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.</p>	<p>The capability to generate and transmit permissible prescriptions electronically is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP must utilize this capability as part of the daily work process.</p>

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
4	5	<b>EP/Eligible Hospital Objective:</b> Maintain active medication list.	<b>EP/Eligible Hospital Measure:</b> At least 80 percent of all unique patients seen by the EP or admitted by the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.	The numerator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data in their medication list.	The denominator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not reliant on the electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to maintain an active medication list is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.
5	6	<b>EP/Eligible Hospital Objective:</b> Maintain active medication allergy list.	<b>EP/Eligible Hospital Measure:</b> At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.	The numerator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have at least one entry (or an indication of “none”) recorded as structured data in their medication allergy list. A unique patient is discussed under the objective of maintaining an up-to-date problem list.	The denominator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not reliant on the electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	The capability to maintain an active medication allergy list using structured data is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
6	7	<b>EP/Eligible Hospital Objective:</b> Record demographics.	<b>EP/Eligible Hospital Measure:</b> At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data.	The numerator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have all required demographic elements (preferred language, insurance type, gender, race, and ethnicity, date of birth and, for hospitals, date and cause of death in the case of mortality) recorded as structured data in their electronic record.	The denominator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period	As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange of information, we propose to set the percentage required for successful demonstration at 80 percent. The reasoning for this is the same as under CPOE for EPs.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to record demographics as structured data is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.
7	8	<b>EP/Eligible Hospital Objective:</b> Record and chart changes in vital signs.	<b>EP/Eligible Hospital Measure:</b> For at least 80 percent of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital, record blood pressure and BMI; additionally, plot growth chart for children age 2 to 20.	The numerator for this objective is the number of unique patients age 2 and over seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have a record of their blood pressure, and BMI (growth chart for children 2 - 20 )in their record.	The denominator for this objective is the number of unique patients age 2 or over seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to record vital signs is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
8	9	<b>EP/Eligible Hospital Objective:</b> Record smoking status for patients 13 years old or older	EP/Eligible Hospital Measure: At least 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have “smoking status” recorded	The numerator for this objective is the number of unique patients age 13 or older seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period who have a record of their smoking status.	The denominator for this objective is the number of unique patients age 13 or older seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE by the EP. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to record smoking status is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.
9	10	<b>EP/Eligible Hospital Objective:</b> Incorporate clinical lab-test results into EHR as structured data.	EP/Eligible Hospital Measure: At least 50 percent of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital during the EHR reporting period whose results are in either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.	The numerator for this objective is the number of lab tests ordered during the EHR reporting period by the EP or authorized providers of the eligible hospital for patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN whose results are expressed in a positive or negative affirmation or as a number and are incorporated as structured data into certified EHR technology.	The denominator for this objective is the number of lab tests ordered during the EHR reporting period by the EP or authorized providers of the eligible hospital for patients admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN whose results are expressed in a positive or negative affirmation or as a number.	This objective is reliant on the electronic exchange of information. We are cognizant that in most areas of the country, the infrastructure necessary to support such exchange is still being developed. Therefore, we believe that 80 percent is too high a threshold for the Stage 1 criteria of meaningful use. <u>We propose 50 percent as the threshold based on our discussions with EHR vendors, current EHR users, and laboratories.</u> We invite comment on whether this 50 percent is feasible for the Stage 1 criteria of meaningful use. We anticipate raising the threshold for this objective in future stages of the criteria of meaningful use as the capabilities of HIT infrastructure increases.	The capability to incorporate lab-test results is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
10	11	EP/Eligible Hospital Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach.	<b>EP/Eligible Hospital Measure:</b> Generate at least one report listing patients of the EP or eligible hospital with a specific condition.				The capability to generate lists of patients by specific conditions is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective an EP or eligible hospital should utilize this capability at least once during the EHR reporting period so this information would be available to them for their use. An EP or eligible hospital is best positioned to determine which reports are most useful to their care efforts. Therefore, we do not propose to direct certain reports be created, but rather to require EPs and hospitals to attest to the ability of the EP or eligible hospital to do so and to attest that they have actually done so at least once.
	12	<b>EP Objective:</b> Report ambulatory quality measures to CMS or the States.	<b>EP Measure:</b> For 2011, an EP would provide the aggregate numerator and denominator through attestation as discussed in section II.A.3 of this proposed rule. For 2012, an EP would electronically submit the measures are discussed in section II.A.3. of this proposed rule.				

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
11		Eligible Hospital Objective: Report hospital quality measures to CMS or the States.	<b>Eligible Hospital Measure:</b> For 2011, an eligible hospital would provide the aggregate numerator and denominator through attestation as discussed in section II.A.3 of this proposed rule. For 2012, an eligible hospital would electronically submit the measures are discussed in section II.A.3. of this proposed rule.				
	13	<b>EP Objective:</b> Send reminders to patients per patient preference for preventive/ follow-up care	<b>EP Measure:</b> Reminder sent to at least 50 percent of all unique patients seen by the EP or admitted to the eligible hospital that are 50 and over	The numerator for this objective is the number of unique patients age 50 or over seen by the EP during the EHR reporting period who are provided reminders. We propose to limit the patient population for this measure to patients age 50 or over as they are more likely than the norm to require additional preventive or follow-up care.	The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.	<u>We propose to set the percentage required for successful demonstration at 50 percent.</u> While the objective relies on a capability included as part of certified EHR technology there is still the added component of determining patient preference. Also while we believe we greatly increase the likelihood that additional preventive or follow up care will be required by limiting the patient population to age 50 or over, there may still be instances where there is not an additional preventive or follow up care step needed. For these reasons, we propose the lower threshold of 50 percent.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to generate reminders for preventive/follow-up care is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective an EP must utilize this capability as part of the daily work process. We specifically invite comments on whether limiting the patient population by age is the best approach.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
12	14	<b>EP/Eligible Hospital Objective:</b> Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules	<b>EP/Eligible Hospital Measure:</b> Implement five clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II.A.3.				The capability to provide clinical decision support is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Clinical decision support at the point of care is a critical aspect of improving quality, safety, and efficiency. Research has shown that decision support must be targeted and actionable to be effective, and that “alert fatigue” must be avoided. Establishing decision supports for a small set of high priority conditions, ideally linked to quality measures being reported, is feasible and desirable. Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective an EP or eligible hospital should implement five clinical decision support rules relevant to the clinical quality metrics described in section II.A.3 before the end of the EHR reporting period and attest to that implementation.
13	15	<b>EP/Eligible Hospital Objective:</b> Check insurance eligibility electronically from public and private payers	EP/Eligible Hospital Measure: Insurance eligibility checked electronically for at least 80 percent of all unique patients seen by the EP or admitted to an eligible hospital	The numerator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period whose insurance eligibility is checked electronically.	The denominator for this objective is the number of unique patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period whose insurer allows for the electronic verification of eligibility.	While this objective does rely on the electronic exchange of information this particular exchange is an established HIPAA standard transaction, therefore <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The additional reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to check insurance eligibility electronically is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective an EP or eligible hospital must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
14	16	<b>EP/Eligible Hospital Objective:</b> Submit claims electronically to public and private payers.	<b>EP/Eligible Hospital Measure:</b> At least 80 percent of all claims filed electronically by the EP or the eligible hospital.	The numerator for this objective is the number of claims submitted electronically using certified EHR technology for patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	The denominator for this objective is the number of claims filed seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period.	While this objective relies on the electronic exchange of information, nearly all public and private payers accept electronic claims. Given the advance state of this aspect of electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The additional reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	The capability to submit claims electronically to public and private payers is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.
	17	<b>EP Objective:</b> Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request	<b>EP/Eligible Hospital Measure:</b> At least 80 percent of all patients who request an electronic copy of their health information are provided it within 48 hours.	The numerator for this objective is the number of patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that request an electronic copy of their health information and receive it within 48 hours.	The denominator for this objective is the number of patients seen by the EP or admitted to an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN who request an electronic copy of their health information during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange of structured information between health care providers, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	The capability to create an electronic copy of a patient's health information is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process. In addition, all patients have a right under ARRA to an electronic copy of their health information. This measure seeks to ensure that this requirement is met in a timely fashion. Providing patients with an electronic copy of their health information demonstrates one of the many benefits health information technology can provide and we believe that it is an important part of becoming a meaningful EHR user. We also believe that certified EHR technology will provide EPs and eligible hospitals more efficient means of providing copies of health information to patients which is why have proposed that a request for an electronic copy be provided to the patient within 48 hours.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
15		<p><b>Eligible Hospital Objective:</b> Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and procedures), upon request.</p>					
16		<p><b>Eligible Hospital Objective:</b> Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.</p>	<p>Eligible Hospital Measure: At least 80 percent of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it.</p>	<p>The numerator for this objective is the number of patients discharged from an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN during the EHR reporting period that request an electronic copy of their discharge instructions and procedures and receive it.</p>	<p>The denominator for this objective is the number of patients discharged from an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN who request an electronic copy of their discharge instructions and procedures during the EHR reporting period.</p>	<p>As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange between health care providers of structured information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.</p>	<p>The capability to produce an electronic copy of discharge instructions and procedures is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective an eligible hospital must utilize this capability as part of the daily work process.</p>

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
	18	<b>EP Objective:</b> Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)	<b>EP Measure:</b> At least 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information	The numerator for this objective is the number of unique patients seen during the EHR reporting period who have timely, electronic access to their health information (for example, have established a user account and password on a patient portal).	The denominator for this objective is the number of unique patients seen during the EHR reporting period.	We recognize that many patients may not have internet access, may not be able or interested to use a patient portal. Health systems that have actively promoted such technologies have been able to achieve active use by over 30 percent of their patients, but this may not be realistic for many practices in the short term. PROPOSAL IS 10%.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to provide timely electronic access to health information is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP must utilize this capability as part of the daily work process.
	19	<b>EP Objective:</b> Provide clinical summaries to patients for each office visit.	<b>EP Measure:</b> Clinical summaries provided to patients for at least 80 percent of all office visits	The numerator for this objective is the number of unique patients seen in the office during the EHR reporting period who are provided a clinical summary of their visit. The clinical summary can be provided through a PHR, patient portal on the web site, secure email, electronic media such as CD or USB fob, or printed copy. The after-visit clinical summary contains an updated medication list, laboratory and other diagnostic test orders, procedures and other instructions based on clinical discussions that took place during the office visit.	The denominator for this objective is the number of unique patients seen in the office during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not, for purposes of Stage 1 criteria, reliant on the electronic exchange of structured information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	A unique patient is discussed under the objective of maintaining an up-to-date problem list. The capability to provide a clinical summary is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
	20	<b>EP Objective:</b> Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.	<b>EP/Eligible Hospital Measure:</b> Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.				The capability to send key clinical information electronically is included in the certification criteria for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. However, this objective is reliant on the electronic exchange of information. We are cognizant that in most areas of the country, the infrastructure necessary to support such exchange is still being developed. Therefore, for the Stage 1 criteria of meaningful use we propose that EPs and eligible hospitals test their ability to send such information at least once prior to the end of the EHR reporting period. The testing could occur prior to the beginning of the EHR reporting period. If multiple EPs are using the same certified EHR technology in a shared physical setting, the testing would only have to occur once for a given certified EHR technology, as we do not see any value to running the same test multiple times just because multiple EPs use the same certified EHR technology. To be considered an "exchange" in this section alone the clinical information must be sent between different clinical entities with distinct certified EHR technology and not between organizations that share a certified EHR.
17		Eligible Hospital Objective: Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.					

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
18	21	<b>EP/Eligible Hospital Objective:</b> Perform medication reconciliation at relevant encounters and each transition of care.	<b>EP/Eligible Hospital Measure:</b> Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.	The numerator for this objective is the number of relevant encounters and transitions of care for which the EP or an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN was a participant during the EHR reporting period where medication reconciliation was performed. Relevant encounter and transition of care are defined in the previous discussion of this objective in this proposed rule.	The denominator for this objective is the number of relevant encounters and transitions of care for which the EP or an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN was a participant during the EHR reporting period.	As this objective relies solely on a capability included as part of certified EHR technology and is not, for the purposes of Stage 1 criteria, reliant on the electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	The capability to perform medication reconciliation is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective, an EP or eligible hospital must utilize this capability as part of the daily work process.
19	22	<b>EP/Eligible Hospital Objective:</b> Provide summary care record for each transition of care and referral.	<b>EP/Eligible Hospital Measure:</b> Provide summary of care record for at least 80 percent of transitions of care and referrals.	The numerator for this objective is the number of transitions of care and referrals for which the EP or an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN was the transferring or referring provider during the EHR reporting period where a summary of care record was provided. Summary of care record and transitions of care are defined in the discussion of this objective in this proposed rule. The summary of care record can be provided through an electronic exchange, accessed through a secure portal, secure email, electronic media such as CD or USB fob, or printed copy.	The denominator for this objective is the number of transitions of care for which the EP or an inpatient facility/department (POS 21) that falls under the eligible hospital's CCN was a the transferring or referring provider during the EHR reporting period.	As this objective can be completed with or without the use of electronic exchange of information, <u>we propose to set the percentage required for successful demonstration at 80 percent.</u> The reasoning for this is the same as under CPOE for EPs. Though full compliance (that is, 100 percent) is the ultimate goal, 80 percent seemed an appropriate standard for Stage 1 meaningful use as it creates a high standard, while still allowing room for technical hindrances and other barriers to reaching full compliance.	The capability to provide a summary of care record is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. Therefore, we believe in order to meet this objective it is not sufficient to demonstrate this capability once, but rather to comply with the objective an EP or eligible hospital must utilize this capability as part of the daily work process.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
20	23	<p><b>EP/Eligible Hospital Objective:</b>            Capability to submit electronic data to immunization registries and actual submission where required and accepted.</p> <p><b>EP/Eligible Hospital Measure:</b>            Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries.</p>					<p>The capability to send electronic data to immunization registries is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. However, this objective is reliant on the electronic exchange of information. We are cognizant that in many areas of the country, the infrastructure necessary to support such exchange is still being developed. Therefore, for the Stage 1 criteria of meaningful use we are propose that EPs and eligible hospitals test their ability to send such information at least once prior to the end of the EHR reporting period. The testing could occur prior to the beginning of the EHR reporting period. EPs in a group setting using identical certified EHR technology would only need to conduct a single test, not one test per EP. More stringent requirements may be established for EPs and hospitals under the Medicaid program in states where this capability exists. This is just one example of a possible State proposed modification to meaningful use in the Medicaid EHR incentive program. States may propose any modification or addition to CMS in accordance with the discussion in II.A.2.c. of this proposed rule.</p>

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
21		<b>Eligible Hospital Objective:</b> Capability to provide electronic submission of reportable lab results to public health agencies and actual submission where it can be received.	<b>Eligible Hospital Measure:</b> Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically).				The capability to send reportable lab results is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. However, this objective is reliant on the electronic exchange of information. We are cognizant that in most areas of the country, the infrastructure necessary to support such exchange is still being developed. Therefore, for the Stage 1 criteria of meaningful use we are propose that eligible hospitals test their ability to send such information at least once prior to the end of the EHR reporting period. The testing could occur prior to the beginning of the EHR reporting period. More stringent requirements may be established for hospitals under the Medicaid program in States where this capability exists. This is just one example of a possible State proposed modification to meaningful use in the Medicaid EHR incentive program. States may propose any modification or addition to CMS in accordance with the discussion in II.A.2.c. of this proposed rule.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
22	24	EP/Eligible Hospital Objective: Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	EP/Eligible Hospital Measure Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically).				The capability to send electronic data to immunization registries is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. However, this objective is reliant on the electronic exchange of information. We are cognizant that in most areas of the country, the infrastructure necessary to support such exchange is still being developed. Therefore, for the Stage 1 criteria of meaningful use we are proposing that EPs and eligible hospitals test their ability to send such information at least once prior to the end of the EHR reporting period. The testing could occur prior to the beginning of the EHR reporting period. EPs in a group setting using identical certified EHR technology would only need to conduct a single test, not one test per EP. More stringent requirements may be established for EPs and hospitals under the Medicaid program in States where this capability exists. This is just one example of a possible State proposed modification to meaningful use in the Medicaid EHR incentive program. States may propose any modification or addition to CMS in accordance with the discussion in II.A.2.c. of this proposed rule.

H	EP	Objective	Measure	Numerator	Denominator	Level	Notes/Request for Comments
23	25	<b>EP/Eligible Hospital Objective:</b> Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities.	<b>EP/Eligible Hospital Measure:</b> Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1) and implement security updates as necessary.				The capability to protect electronic health information maintained using certified EHR technology is included in the certification standards for certified EHR technology (to be defined by ONC in its upcoming interim final rule). Meaningful use seeks to ensure that those capabilities are utilized. While certified EHR technology provides tools for protecting health information, it is not a full protection solution. Processes and possibly tools outside the scope of certified EHR technology are required. Therefore, for the Stage 1 criteria of meaningful use we propose that EPs and eligible hospitals conduct or review a security risk analysis of certified EHR technology and implement updates as necessary at least once prior to the end of the EHR reporting period and attest to that conduct or review. The testing could occur prior to the beginning of the EHR reporting period. This is to ensure that the certified EHR technology is playing its role in the overall strategy of the EP or eligible hospital in protecting health information.