

**Stage 3 of Meaningful Use NPRM – Notice of Proposed Rule Making  
Areas of Public Comment Request**

On March 30, 2015, the Centers for Medicare and Medicaid Services issued a Notice of Proposed Rule Making (NPRM) Stage 3 of Meaningful Use. Provided below is a summary of the areas for which CMS has requested comments, arranged by objective and reproduced from the rule authored by CMS.

CMS has requested that public comments on the proposed rule be submitted by May 29, 2015, 5pm EDT. The link to the rule is: <https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>. The public can submit comments in several ways, including via electronic submission or mail. Submit electronic comments to: [www.regulations.gov](http://www.regulations.gov). Follow the "Submit a comment" instructions. You may also submit via regular mail, express or overnight mail, or hand or courier. Instructions are available at the link provided above. CMS is expected to release a final version later this year.

Areas for Public Comment Specified in Rule
<b>Objective 1: Protect electronic protected health information (ePHI)</b>
Not specified
<b>Objective 2: Electronic Prescribing (eRx)</b>
Whether over-the-counter (OTC) medicines should be included in this objective.
Whether a hospital would issue refills upon discharge for medications the patient was taking when they arrived at the hospital and, if so, whether distinguishing those refill prescriptions from new or altered prescriptions is unnecessarily burdensome for the hospital.
<b>Objective 3: Clinical Decision Support (CDS)</b>
Not specified
<b>Objective 4: Computerized Provider Order Entry (CPOE)</b>
Whether to continue to allow, but not require, providers to limit the measure of this objective to those patients whose records are maintained using Certified Electronic Health Record Technology (CEHRT).
<b>Objective 5: Patient Electronic Access to Health Information</b>
What additional requirements might be needed to ensure that if the eligible hospital (EH) or eligible provider (EP) selects the application program interface (API) option—(1) the functionality supports a patient’s right to have his or her protected health information sent directly to a third party designated by the patient; and (2) patients have at least the same access to and use of their health information that they have under the view, download, and transmit (VDT) option.

Seeking comment on alternatives which would present a different mix of CEHRT functionality for providers to use for patients seeking to access their records (should the API option be required rather than optional)

- Alternate A: requires both an API and portal
- Alternate B: requires provider to choose to have both functions or just the API
- Alternate C: requires only the API

### **Objective 6: Coordination of Care through patient engagement**

There may be inherent challenges in measuring patient access to CEHRT through 3<sup>rd</sup> party applications that use an ONC-certified API – what is the nature of those challenges and what solutions can be put in place to overcome them?

Suggested alternate proposals for measuring patient access to CEHRT through third party applications that utilize an API, including the pros and cons of measuring a minimum number of patients (one or more) who must access their health information through the use of an API in order to meet the measure of this objective.

How the following could be counted in the numerator, and the extent to which that interaction could or should be counted for eligible providers engaged in the communication:

- For measure 2 which would include in the measure numerator, situations where providers communicate with other care team members using the secure messaging function of certified EHR technology, and the patient is engaged in the message and has the ability to be an active participant in the conversation between care providers.

What should be considered a contribution to the patient-centered communication?

How the information for measure 3 could be captured, standardized, and incorporated into an EHR?

Should the data require verification by an authorized provider?

Should the incorporation of data be automated?

Should there be structured data elements available for this data as fields in an EHR?

Should the data be incorporated in the CEHRT with or without provider verification?

Should the provenance of the data be recorded in all cases and for all types of data?

Whether this proposed measure should have a denominator limited to patients with whom the provider has multiple encounters, such as unique patients seen by the provider two or more times during the EHR reporting period.

Whether this measure should be divided into two distinct measures. The first measure would include only the specific subcategory of patient-generated health data, or data generated predominantly through patient self-monitoring rather than by a provider. The second measure would include all other data from a nonclinical setting. This would result in the objective including four measures with providers having an option of which two measures to focus on for the EHR reporting period.

Whether the third measure should be proposed for EHs and critical access hospitals (CAHs), or remain an option only for EPs. For those commenters who believe it should not be applicable for eligible hospitals and CAHs, comment on whether EHs and CAHs should then choose one of the remaining two measures or be required to attest to both.

### **Objective 7: Health Information Exchange**

Whether electronic alerts received by EPs from hospitals when a patient is admitted, seen in the emergency room or discharged from the hospital—so called “utilization alerts”—should be included in measure two, or as a separate measure.

Which information from a utilization alert would typically be incorporated into a patient’s record and how this is done today whether providers who create a summary of care record using CEHRT for purposes of Measure 1 should be permitted to send the created summary of care record either—(1) through any electronic means; or (2) in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

Whether providers who are receiving a summary of care record using CEHRT for the purposes of Measure 2 should have a similar requirement for the transport of summary of care documents requested from a transitioning provider.

How a governance mechanism established by ONC at a later date could be incorporated into the EHR Incentive Programs for purposes of encouraging interoperable exchange that benefits patients and providers, including how the governance mechanism should be captured in the numerator, denominator, and thresholds for both the first (send) and second (receive) measures of this Health Information exchange objective.

Challenges that this objective might present for providers, and how such challenges might be mitigated, while preserving the policy intent of the measure. In particular:

- **Automation and Manual Reconciliation.** The Stage 2 measure does not specify whether reconciliation must be automated or manual. Some providers have expressed concern over the automatic inclusion of data in the patient record from referring providers, while others have indicated that requiring manual reconciliation imposes significant workflow burden. We also seek comment on whether the use and display of meta-tagged data could address concerns related to the origin of data and thereby permit more automated reconciliation of these data elements.

- Review of Reconciled Information. Depending on clinical setting, this measure could be accomplished through manual reconciliation or through automated functionality. In either scenario, should the reconciliation or review of automated functionality be performed only by the same staff allowed under the Stage 3 requirements for the Computerized Provider Order Entry objective?
- What impact would the requirement of clinical information reconciliation have on workflow for specialists? Are there particular specialties where this measure would be difficult to meet?
- What additional exclusions, if any, should be considered for this measure?

Comments around the proposal to require reconciliation of all three clinical information reconciliation data sets, or if we should potentially require providers to choose 2 of 3 information reconciliation data sets relevant to their specialty or patient population.

Solicit examples describing challenges and burdens that providers who deliver specialist care or employ unique clinical workflow practices may experience in completing clinical information reconciliation for all three data sets and whether an exclusion should be considered for providers for whom such reconciliation may not be relevant to their scope of practice or patient population.

Comments around the necessity to conduct different types of clinical information reconciliation of data for each individual patient. For example, it is possible that the data for certain patients should always be reviewed for medication allergy reconciliation, when it may not be as relevant to other patient populations. We propose that to meet this objective, a provider must attest to the numerator and denominator for all three measures but would only be required to successfully meet the threshold for two of the three proposed measures.

### **Objective 8: Public Health and Clinical Data Registry Reporting**

The use and structure of a centralized repository of national, state, and local PHA and CDR readiness

### **Other specified comment areas**

Annual update timeline for CQM updates and suggestions for how to improve the CQM update  
Issue of a plan to increase the number of CQMs to which an EHR is certified

Whether providers with fully implemented EHR technology certified to 2015 Edition in 2017 should be required to attest to Stage 3 only in 2017.

Whether providers should not have the option to attest to Stage 3 in 2017 regardless of an upgrade to EHR technology certified to the 2015 Edition in 2017 and should instead be required to wait to demonstrate Stage 3 until 2018.

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<b>Objective 1: Protect electronic protected health information (ePHI)</b>  <b>(1 measure)</b>	Protect ePHI created or maintained by the Certified EHR Technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of data stored in CEHRT in accordance with the requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider’s risk management process.	No change from Stage 2, but includes clarification on security risk analysis timing and review requirements.
<b>Objective 2: Electronic Prescribing (eRx)</b>  <b>(1 measure)</b>	Eligible Professionals (EPs) must generate and transmit permissible prescriptions electronically, and eligible hospitals must generate and transmit permissible discharge prescriptions electronically.	<ul style="list-style-type: none"> <li>• EP Measure: More than 80% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</li> <li>• Eligible Hospital (EH) Measure: More than 25% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.</li> </ul>	<ul style="list-style-type: none"> <li>• (EP) Increases threshold from stage 2 measure from 50% to 80% and allows for the inclusion of permissible scheduled prescriptions (e.g., certain controlled substances) that can be e-prescribed.</li> <li>• (EH) Increases threshold from stage 2 measure from 10% to 25%, is no longer a menu objective, and does not include refills.</li> </ul>
<b>Objective 3: Clinical Decision Support (CDS)</b>  <b>(2 measures)</b>	Implement CDS interventions focused on improving performance on high-priority health conditions.	<p><b>Measure 1:</b> The EP, EH, and critical access hospital (CAH) must implement five clinical decision support interventions related to four or more clinical quality measures (CQMs) at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP, EH, or CAH’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p><b>Measure 2:</b> 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>	Includes clarification of the relevant point of care, the types of CDS allowed, and the selection of a CDS applicable to a provider’s scope of practice.

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<p><b>Objective 4: Computerized Provider Order Entry (CPOE)</b></p> <p><b>(3 measures)</b></p>	<p>Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant; who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p><b>Measure 1:</b> More than 80% of medication 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 computerized provider order entry.</p> <p><b>Measure 2:</b> More than 60% of laboratory 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 computerized provider order entry.</p> <p><b>Measure 3:</b> More than 60% of diagnostic imaging orders created by the EP or authorized providers of the EH’s or CAH’s inpatient or emergency department (POS 21 or 23) are recorded using computerized provider order entry.</p>	<p><b>Measure 1</b> increases the stage 2 medication order % from 60% to 80%.</p> <p><b>Measure 2</b> increases the stage 2 lab order % from 30% to 60%.</p> <p><b>Measure 3</b> increases the stage 2 radiology % from 30% to 60% and also includes diagnostic imaging orders.</p> <p>Allows that if “the individual entering the orders is not the licensed healthcare professional, the order must be entered with the direct supervision or active engagement of a licensed healthcare professional”</p>

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<p><b>Objective 5: Patient Electronic Access to Health Information  (2 measures)</b></p>	<p>The EP or EH provides access for patients to view online, download, and transmit (VDT) their health information through an application program interface (API) within 24 hours of its availability.</p>	<p><b>Measure 1:</b> For more than 80% of all unique patients seen by the EP or discharged from the EH or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(1) The patient (or the patient authorized representative) is provided access to VDT his/her health information within 24 hours of its availability to the provider; or</p> <p>(2) The patient (or the patient authorized representative) is provided access to an ONC-certified API that can be used by third-party applications or devices to provide patients (or patient authorized representatives) access to their health information within 24 hours of its availability to the provider.</p> <p><b>Measure 2:</b> The EP, EH, or CAH must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35% of unique patients seen by the EP or discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p>	<p><b>Measure 1</b> increases the stage 2 patient electronic access (VDT) measure from 50% to 80%, proposes use of ONC-Certified APIs, and reduces timeframe from 4 days to 24 hours</p> <p><b>Measure 2</b> incorporates the stage 2 patient-specific education resources measure and increases the threshold from 10% to 35% and requires e-access and e-resources.</p>

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<p><b>Objective 6: Coordination of Care through Patient Engagement</b></p> <p><b>(3 measures. Meet 2/3)</b></p>	<p>Use communications functions of CEHRT to engage with patients or their authorized representatives about the patient's care.</p>	<p><b>Measure 1:</b> During the EHR reporting period, more than 25% of all unique patients seen by the EP or discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider. An EP may meet the measure by either:</p> <p>(1) More than 25% of all unique patients (or authorized representatives) seen by the EP or discharged from the EH or CAH during the EHR reporting period VDT their health information to a third party; OR</p> <p>(2) More than 25% of all unique patients (or authorized representatives) seen by the EP or discharged from the EH or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, access their health information through the use of an ONC-certified API that can be used by third-party applications or devices.</p> <p><b>Measure 2:</b> During the EHR reporting period, for more than 35% of all unique patients seen by the EP or discharged from the EH or CAH during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or their authorized representatives), or in response to a secure message sent by the patient.</p> <p><b>Measure 3:</b> Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for more than 15% of all unique patients seen by the EP or discharged by the EH or CAH during the EHR reporting period.</p>	<p><b>Measure 1</b> increases the stage 2 VDT measure from 5% (or proposed <math>\geq 1</math> patient) to 25% of patients who must actually VDT their information. It also allows for access through the use of an ONC-certified API.</p> <p><b>Measure 2</b> incorporates the stage 2 secure messaging objective and increases the measure from 5% to 35%.</p> <p><b>Measure 3</b> is a new measure and requires non-clinical data (e.g., patient generated data, social services data, advanced directives, medical device data, home health monitoring data, and fitness monitoring data), to be incorporated in the CEHRT for 15% of unique patients</p>

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<p><b>Objective 7: Health Information Exchange</b></p> <p><b>(3 measures. Meet 2/3)</b></p>	<p>The EP, EH, or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, retrieves a summary of care record upon the first encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of certified EHR technology.</p>	<p><b>Measure 1:</b> For more than 50% of transitions of care and referrals, the EP, EH, or CAH that transitions or refers their patient to another setting of care or provider of care (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.</p> <p><b>Measure 2:</b> For more than 40% of transitions or referrals received and patient encounters in which the providers has never before encountered the patient, the EP, EH, or CAH incorporates into the patient’s record/EHR an electronic summary of are document form a source other than the provider’s EHR system.</p> <p><b>Measure 3:</b> For more than 80% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, EH, or CAH performs clinical information reconciliation. The provider would choose at least two of the following three clinical information sets on which to perform reconciliations:</p> <p>(1) <u>Medication</u>: Review of the patient’s medication, including the name, dosage, frequency, and route of each medication.</p> <p>(2) <u>Medication allergy</u>: Review of the patient’s known allergic medications.</p> <p>(3) <u>Current problem list</u>: Review of the patient’s current and active diagnoses.</p>	<p><b>Measure 1</b> increases the stage 2 threshold for electronically exchanging a summary of care from 10% to 50% (sending electronically)</p> <p><b>Measure 2</b> is a new measure and requires the incorporation of care summary records for 40% of transitions for new patients (receiving and incorporating electronically)*</p> <p><b>Measure 3</b> combines stage 2 measures and increases the thresholds.</p> <p>*Note - Allows for the inclusion of transitions of care and referrals in which the recipient provider may already have access to the medical record maintained in the referring provider’s CEHRT as long as the providers have different billing identities in the EHR Incentive Program.</p>

## Meaningful Use Stage 3 Notice of Proposed Rule Making Objectives, Measures, and Changes

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	DESCRIPTION OF CHANGE
<p><b>Objective 8: Public Health and Clinical Data Registry (CDR) Reporting</b></p> <p><b>(6 measures. EPs meet 3 and EHs meet 4)</b></p>	<p>The EP, EH is in active engagement with a public health agency (PHA) or CDR to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited and in accordance with applicable law and practice.</p>	<p>Providers must report data on an ongoing basis to established public health registries.</p> <p><b>Measure 1</b>—Immunization Registry Reporting: The EP, EH, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p><b>Measure 2</b>—Syndromic Surveillance Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p> <p><b>Measure 3</b>—Case Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p> <p><b>Measure 4</b>—Public Health Registry Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit data to public health registries.</p> <p><b>Measure 5</b>—Clinical Data Registry Reporting: the EP, EH, or CAH is in active engagement to submit data to a clinical data registry.</p> <p><b>Measure 6</b>—Electronic Reportable Laboratory Result Reporting: the EH or CAH is in active engagement with a PHA to submit electronic reportable laboratory results.</p> <p>Clinical data registry is defined as those that record information about the health status of patients and the health care they receive over varying periods of time.</p>	<p>Consolidates public health objectives into a single objective</p> <p>New measure for case reporting and clinical data registry reporting</p> <p>Split measure for “specialized registries” in stage 2 to public health registries and clinical data registries. Specialized registries includes cancer registries</p> <p>Removes the ongoing submission requirement and replaces with “active engagement”. Active engagement means:</p> <p>Option 1 – Completed Registration to Submit Data Option 2 – Testing and validation Option 3 - Production</p>

<https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3>

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<b>Protect electronic protected health information (ePHI)</b>  <b>(1 measure)</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 in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data stored in Certified EHR Technology in accordance with requirements in 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, eligible hospital, or CAHs risk management process.		No change from Stage 2, but includes clarification on security risk analysis timing and review requirements.
<b>Clinical Decision Support (CDS)</b>  <b>(2 measures)</b>	Use clinical decision support to improve performance on high-priority health conditions.	<p><b>Measure 1:</b> 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, eligible hospital or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p> <p><b>Measure 2:</b> The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p>	<p><b>Alternate Measure:</b> Implement one clinical decision support rule relevant to specialty or high clinical priority, or high priority hospital condition, along with the ability to track compliance with that rule.</p>	Alternate options for 2015 Stage 1 providers.

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<p><b>Computerized Provider Order Entry (CPOE)</b></p> <p><b>(3 measures)</b></p>	<p>Use computerized provider order entry for medication, laboratory, and radiology orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines.</p>	<p><b>Measure 1:</b> More than 60% of medication orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><b>Measure 2:</b> More than 30% of laboratory orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p><b>Measure 3:</b> More than 30% of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p>	<p><b>Alternate Measure 1:</b> More than 30% of all unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period have at least one medication order entered using CPOE; or more than 30% of medication orders created by the EP during the EHR reporting period, or created by the authorized providers of the eligible hospital or CAH for patients admitted to their inpatient or emergency departments (POS 21 or 23) during the EHR reporting period, are recorded using computerized provider order entry.</p> <p><b>Alternate Exclusion for Measure 2:</b> Provider may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.</p> <p><b>Alternate Exclusion for Measure 3:</b> Provider may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015.</p>	<p>Alternate options for 2015 Stage 1 providers.</p>

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<b>Electronic Prescribing (eRx)</b>  <b>(1 measure)</b>	EP - Generate and transmit permissible prescriptions electronically (eRx).  Hospital - Generate and transmit permissible discharge prescriptions electronically (eRx).	<b>EP Measure:</b> More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using Certified EHR Technology.  <b>Hospital Measure:</b> 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 Certified EHR Technology.	<b>Alternate EP Measure:</b> More than 40% of all permissible prescriptions written by the EP are transmitted electronically using Certified EHR Technology.  <b>Alternate Hospital Exclusion:</b> Provider may claim an exclusion for the eRx objective and measure if for an EHR reporting period in 2015 they were either scheduled to demonstrate Stage 1 which does not have an equivalent measure, or if they are scheduled to demonstrate Stage 2 but did not intend to select the Stage 2 eRx menu objective for an EHR reporting period in 2015.	Alternate options for 2015 Stage 1 providers.
<b>Summary of Care</b>  <b>(2 measures)</b>	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care provides a summary care record for each transition of care or referral.	The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care that—(1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving provider for more than 10% of transitions of care and referrals.	<b>Alternate Exclusion:</b> Provider may claim an exclusion for the measure of the Stage 2 Summary of Care objective which requires the electronic transmission of a summary of care document if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.	Removed 3 <sup>rd</sup> measure to exchange with recipient with different EHR technology or test with CMS.  Manner in which summary of care is transmitted less specific and more flexible.  Alternate options for 2015 Stage 1 providers.

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<b>Patient Specific Education</b>  <b>(1 measure)</b>	Use clinically relevant information from Certified EHR Technology to identify patient-specific education resources and provide those resources to the patient.	Patient-specific education resources identified by Certified EHR Technology are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.	<b>Alternate Exclusion:</b> Provider may claim an exclusion for the measure of the Stage 2 Patient Specific Education objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Patient Specific Education menu objective.	Alternate options for 2015 Stage 1 providers.
<b>Medication Reconciliation</b>  <b>(1 measure)</b>	The EP, eligible hospital 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.	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).	<b>Alternate Exclusion:</b> Provider may claim an exclusion for the measure of the Stage 2 medication reconciliation objective if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1 but did not intend to select the Stage 1 Medication Reconciliation menu objective.	Alternate options for 2015 Stage 1 providers.

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<p><b>Patient Electronic Access (VDT)</b>  (2 measures)</p>	<p>EP: 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>Hospital: Provide patients the ability to view online, download, and transmit information about a hospital admission.</p>	<p><b>EP Measure 1:</b> 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><b>EP Measure 2:</b> At least one patient seen by the EP during the EHR reporting period (or their authorized representatives) views, downloads, or transmits his or her health information to a third party.</p> <p><b>Hospital Measure 1:</b> More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH have their information available online within 36 hours of discharge.</p> <p><b>Hospital Measure 2:</b> At least 1 patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or his or her authorized representative) views, downloads, or transmits to a third party his or her information during the EHR reporting period.</p>	<p><b>Alternate Exclusion Measure 2 (applies to EPs and Hospitals):</b> Provider may claim an exclusion for the second measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>	<p>Alternate options for 2015 Stage 1 providers.</p> <p>Threshold from measure 2 changes from 5% to at least one patient.</p>
<p><b>Secure Electronic Messaging (EP only)</b>  (1 measure)</p>	<p>Use secure electronic messaging to communicate with patients on relevant health information.</p>	<p>During the EHR reporting period, the capability for patients to send and receive a secure electronic message with the provider was fully enabled.</p>	<p><b>Alternate Exclusion:</b> An EP may claim an exclusion for the measure if for an EHR reporting period in 2015 they were scheduled to demonstrate Stage 1, which does not have an equivalent measure.</p>	<p>Threshold from measure 2 changes from 5% to “enabled capability”.</p>

## 2015-2017 Modifications to the EHR Incentive Program Notice of Proposed Rule Making Objectives, Measures, and Change

OBJECTIVE	PROPOSED OBJECTIVE	PROPOSED MEASURE	2015 STAGE 1 ALTERNATE	DESCRIPTION OF CHANGE/IMPACT
<p><b>Public Health and Clinical Data Registry (CDR) Reporting</b></p> <p><b>EPs – 2 measures</b></p> <p><b>EHs – 1 measure</b></p>	<p>The EP, eligible hospital, or CAH is in active engagement with a Public Health Agency (PHA) or clinical data registry (CDR) to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited and in accordance with applicable law and practice.</p>	<p>Providers must report data on an ongoing basis to established public health registries.</p> <p><b>Measure 1</b>—Immunization Registry Reporting: The EP, EH, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p> <p><b>Measure 2</b>—Syndromic Surveillance Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p> <p><b>Measure 3</b>—Case Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit case reporting of reportable conditions.</p> <p><b>Measure 4</b>—Public Health Registry Reporting: the EP, EH, or CAH is in active engagement with a PHA to submit data to public health registries.</p> <p><b>Measure 5</b>—Clinical Data Registry Reporting: the EP, EH, or CAH is in active engagement to submit data to a clinical data registry.</p> <p><b>Measure 6</b>—Electronic Reportable Laboratory Result Reporting: the EH or CAH is in active engagement with a PHA to submit electronic reportable laboratory results.</p>	<p>An EP who is scheduled to be in Stage 1 in 2015 must report at least one measure unless they can exclude from all available measures.</p> <p>An eligible hospital or CAH that is scheduled to be in Stage 1 in 2015 must report at least two measures.</p>	<p>Consolidates public health objectives into a single objective.</p> <p>New measure for case reporting.</p> <p>Split measure for “specialized registries” in stage 2 to public health registries and clinical data registries.</p> <p>Remove the ongoing submission and replace with active engagement.</p>

<https://www.federalregister.gov/articles/2015/04/15/2015-08514/medicare-and-medicaid-programs-electronic-health-record-incentive-program-modifications-to>