# CMS Electronic Health Record (EHR) Incentive Program

# Eligible Professionals modified STage 2 for stage 1 Attestation Public Use File (PUF) Data Dictionary and Codebook

This is a provider-level file with the following variables. See the General Documentation for an overview of file contents, data source, and analytic utility.

**NPI**

This variable indicates the National Provider Identifier (NPI) for the eligible professionals (EPs).

**Program Year**

This variable contains the year of attestation to the Medicare EHR Program.

**Payment Year**

This variable contains the number of year of attestation to the Medicare EHR Program.

**Attestation Success Date**

This variable contains the full date of successful attestation to the Medicare EHR Program.

**EHR Certification Number**

This variable contains the EHR Certification Number of the EP to the Medicare EHR Program.

**OBEP48**

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| Measure Name: | OBEP48 |
| Objective Title: | Protect Patient Health Information |
| Objective Description: | Protect electronic health information created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities. |
| Measure Description: | 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 electronic protected health information (ePHI) created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP's risk management process. |
| Exclusion Description/ Criteria: | No exclusions. |

This variable provides the response (Yes/No).

**OBEP49**

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| Measure Name: | OBEP49 |
| Objective Title: | Electronic prescribing (eRx) |
| Objective Description: | Generate and transmit permissible prescriptions electronically. |
| Measure Description: | **Method 1:** More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.  **Alternative Measure:** For Stage 1 providers in 2015, more than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using CEHRT. |
| Numerator Description: | **Method 1:** The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically using CEHRT.  **Alternative Method:** The number of prescriptions in the denominator generated and transmitted electronically using CEHRT. |
| Denominator Description: | **Method 1:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed.  **Alternative Method:** Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed. |

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| Exclusion Description/ Criteria: | Any EP who:   * Writes fewer than 100 permissible prescriptions during the EHR reporting period; or * Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator, provided by the EP for OBEP49.

**OBEP50**

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| Measure Name: | OBEP50 |
| Objective Title: | Clinical Decision Support |
| Objective Description: | EPs must satisfy both of the following measures in order to meet the objective:  **Measure 1 (OBEP50A):** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high priority health conditions.  **Measure 2 (OBEP50B):** The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.  **Alternate Measure (OBEP50C):** Implement one clinical decision support rule. |
| Measure Description: | |  | | --- | | Use clinical decision support to improve performance on high-priority health conditions.  **Alternate Measure:** For an EHR reporting period in 2015 only, an EP who is scheduled to participate in Stage 1 in 2015 may satisfy the following in place of Measure 1: Implement one clinical decision support rule relevant to specialty or high clinical priority, along with the ability to track compliance with that rule. | |
| Exclusion Description/ Criteria: | None. |

These variables provide the response (Yes/No).

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| **OBEP51A**   |  |  | | --- | --- | | Measure Name: | OBEP51A | | Objective Title: | Computerized provider order entry - Medication | | Objective Description: | |  | | --- | | 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. | | | Measure Description: | More than 60 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.  **Alternate Measure:** For Stage 1 providers in 2015, more than 30 percent of all unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period have at least one medication order entered using CPOE; or more than 30 percent of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. | | Numerator Description: | The number of orders in the denominator recorded using CPOE.  **ALTERNATE MEASURE:** The number of orders in the denominator recorded using CPOE. | | Denominator Description | Number of medication orders created by the EP during the EHR reporting period.  **ALTERNATE MEASURE:** Number of medication orders created by the EP during the EHR reporting period. | | Exclusion Description/ Criteria: | Any EP who writes fewer than 100 medication orders during the EHR reporting period. | |  |
| These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP51A. |  |

**OBEP51B**

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| Measure Name: | OBEP51B |
| Objective Title: | Computerized provider order entry - laboratory |
| Objective Description: | |  | | --- | | 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. | |
| Measure Description: | More than 30 percent of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. |
| Numerator Description: | The number of orders in the denominator recorded using CPOE. |
| Denominator Description | Number of laboratory orders created by the EP during the EHR reporting period. |
| Exclusion Description/ Criteria: | Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.  **Alternate Exclusion:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP51B.

**OBEP51C**

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| Measure Name: | OBEP51C |
| Objective Title: | Computerized provider order entry -radiology |
| Objective Description: | |  | | --- | | 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. | |
| Measure Description: | An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:  More than 30 percent of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry. |
| Numerator Description: | The number of orders in the denominator recorded using CPOE. |
| Denominator Description | Number of radiology orders created by the EP during the EHR reporting period. |
| Exclusion Description/ Criteria: | Any EP who writes fewer than 100 radiology orders during the EHR reporting period.  **Alternate Exclusion:** Providers scheduled to be in Stage 1 in 2015 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2015. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP51C.

**OBEP52A**

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| Measure Name: | OBEP52A |
| Objective Title: | Patient electronic access |
| Objective Description: | 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. |
| Measure Description: | For an EHR reporting period in 2015, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits his or her health information to a third party during the EHR reporting period. |
| Numerator Description: | The number of patients in the denominator (or patient-authorized representative) who view, download, or transmit to a third party their health information. |
| Denominator Description | Number of unique patients seen by the EP during the EHR reporting period. |
| Exclusion Description/ Criteria: | Any EP who:   * Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information-” or * Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.   **Alternate Exclusion:** Providers 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. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP52A.

**OBEP52B**

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| Measure Name: | OBEP52B |
| Objective Title: | Patient electronic access |
| Objective Description: | 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. |
| Measure Description: | EPs must satisfy both measures in order to meet this objective:  More than 50 percent of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. |
| Numerator Description: | The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP. |
| Denominator Description | Number of unique patients seen by the EP during the EHR reporting period. |
| Exclusion Description/ Criteria: | Any EP who:   * Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider’s name and office contact information.” |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP52B.

**OBEP53**

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| Measure Name: | OBEP53 |
| Objective Title: | Patient specific education |
| Objective Description: | Use clinically relevant information from CEHRT to identify patient-specific education resources and provide those resources to the patient. |
| Measure Description: | Patient-specific education resources identified by CEHRT are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the EHR reporting period. |
| Numerator Description: | Number of patients in the denominator who were provided patient-specific education resources identified by the CEHRT. |
| Denominator Description | Number of unique patients with office visits seen by the EP during the EHR reporting period. |
| Exclusion Description/ Criteria: | Any EP who has no office visits during the EHR reporting period.  **Alternate Exclusion:** 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. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP53.

**OBEP54**

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| Measure Name: | OBEP54 | |
| Objective Title: | Secure Electronic Messaging | |
| Objective Description: | Use secure electronic messaging to communicate with patients on relevant health information. | |
| Measure Description: | For an EHR reporting period in 2015, the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period. | |
| Exclusion Description/ Criteria: | | Any EP who has no office visits during the EHR reporting period; or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.  **Alternate Exclusion:** 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. |

This variable provides the response (Yes/No).   For an EHR reporting period in 2015, EPs must attest YES to the capability for patients to send and receive a secure electronic message with the EP was fully enabled during the EHR reporting period.

**OBEP55**

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| Measure Name: | OBEP55 |
| Objective Title: | Medication reconciliation |
| Objective Description: | The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant performs medication reconciliation. |
| Measure Description: | The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP. |
| Numerator Description: | The number of transitions of care in the denominator where medication reconciliation was performed. | |
| Denominator Description | Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition. | |
| Exclusion Description/ Criteria: | Any EP who was not the recipient of any transitions of care during the EHR reporting period.  **Alternate Exclusion:** Providers 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. | |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP55**.**

**OBEP56**

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| Measure Name: | OBEP56 |
| Objective Title: | Health Information Exchange |
| Objective Description: | The EP 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. |
| Measure Description: | The EP that transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10 percent of transitions of care and referrals. |
| Numerator Description: | The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically. |
| Denominator Description | Number of transitions of care and referrals during the EHR reporting period for which the EP was the transferring or referring provider. |
| Exclusion Description/ Criteria: | Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.  **Alternate Exclusion:** Provider may claim an exclusion for the Stage 2 measure that 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. |

These variables provide the numerator, denominator, and percentage, calculated by the numerator and denominator provided by the EP for OBEP56**.**

**OBEP57A**

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| Measure Name: | OBEP57A |
| Objective Title: | Public Health Reporting- Immunization Registry |
| Objective Description: | The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. |
| Measure Description: | The EP is in active engagement with a public health agency to submit immunization data. |
| Exclusion Description/ Criteria: | Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP   * Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; * Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or * Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period.   **Alternate Exclusions:**   * Must attest to at least 1 measure from the Public Health Reporting Objective Measures. * May claim an Alternate Exclusion for Immunization Registry, Syndromic Surveillance, or Specialized Registry. * An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i). |

This variable provides the response (Yes/No).

**OBEP57B**

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| Measure Name: | OBEP57B |
| Objective Title: | Public Health Reporting- Syndromic Surveillance |
| Objective Description: | The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. |
| Measure Description: | The EP is in active engagement with a public health agency to submit syndromic surveillance data. |
| Exclusion Description/ Criteria: | Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP   * Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; * Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or * Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.   **Alternate Exclusions:**   * Must attest to at least 1 measure from the Public Health Reporting Objective Measures. * May claim an Alternate Exclusion for Immunization Registry, Syndromic Surveillance, or Specialized Registry. * An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i). |

This variable provides the response (Yes/No).

**OBEP57C**

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| Measure Name: | OBEP57C |
| Objective Title: | Public Health Reporting- Specialized Registry Reporting |
| Objective Description: | The EP is in active engagement with a public health agency to submit electronic public health data from CEHRT except where prohibited and in accordance with applicable law and practice. |
| Measure Description: | The EP is in active engagement to submit data to a specialized registry. |
| Exclusion Description/ Criteria: | Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP   * Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period; * Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or * Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.   **Alternate Exclusions:**   * Must attest to at least 1 measure from the Public Health Reporting Objective Measures. * May claim an Alternate Exclusion for Immunization Registry, Syndromic Surveillance, or Specialized Registry. * An Alternate Exclusion may only be claimed for up to two measures, then the provider must either attest to or meet the exclusion requirements for the remaining measure described in 495.22 (e)(10)(i). |

This variable provides the response (Yes/No).