



## EHR Incentive Programs

*A program of the Centers for Medicare & Medicaid Services*

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### Learn More about Summary of Care Meaningful Use Requirements in Stage 2

If you are an eligible provider participating in the EHR Incentive Programs, you will have the option of reporting the Summary of Care menu objective in [Stage 1](#), but will be required to meet the core objective in [Stage 2](#).

The [intent of the objective](#) is to demonstrate that a provider has the full capability to use their certified EHR technology to successfully transmit a summary of care document to a different EHR vendor in a live setting.

#### **Meeting Stage 2 Summary of Care Requirements**

To [count toward the objective](#), the transition or referral must take place between providers with different billing identities such as a different National Provider Identifier (NPI) or hospital CMS Certification Number (CCN).

If the receiving provider already has access to the certified EHR technology (CEHRT) of the initiating provider of the transition or referral, simply accessing the patient's health information does not count toward meeting this objective.

However, if the initiating provider also sends a summary of care document, this transition can be included in the denominator and the numerator as long as it is

counted consistently across the organization and across both measures if:

- For Measure 1, a summary of care document is also provided by any means
- For Measure 2, a summary of care document is provided using the same technical standards used if the receiving provider did not have access to the CEHRT

#### **What to Include for Measure 1**

Include the transitions of care in which a summary of care document was provided to the recipient of the transition or referral by any means.

#### **What to Include for Measure 2**

Include the transitions of care in which a summary of care document was transmitted electronically using a CEHRT to the recipient, or via exchange facilitated by an organization that is an eHealth Exchange participant.

#### **What to Include for Measure 3**

A single summary of care document sent to a provider using a different EHR and EHR Vendor or a test with the CMS and ONC [Randomizer](#) test system would meet the measure.

Measure 3 requires sending one record to someone on a different vendor system one time. If that happens in the course of fulfilling Measure 2, there is no need to do a test. The test EHR only exists for providers who never send to someone on a completely different vendor than their own.

Providers that use the same CEHRT and share a network for which their organization either has operational control of or license to use can conduct one test for the successful electronic exchange of a summary of care document with either a different EHR technology or the CMS designated test EHR that covers all providers in the organization.

#### **For More Information**

For more information about the Summary of Care requirements, review the following materials:

- Stage 1 Summary of Care spec sheets for [eligible professionals](#) and [eligible hospitals](#)
  - Stage 2 Summary of Care spec sheets for [eligible professionals](#) and [eligible hospitals](#)
  - [Provider User Guide](#) for the [NIST EHR Randomizer Tool](#)
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