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INTERMEDIATE



» Eligible Professional's Guide to:

# STAGE 2

## OF THE EHR INCENTIVE PROGRAMS

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# HOW TO USE THIS GUIDE

This guide is intended to provide eligible professionals (EPs) with an overview of Stage 2 of meaningful use. The guide discusses changes to meaningful use objectives and to Clinical Quality Measures (CQMs), and the overall goals of Stage 2. Hyperlinks to the CMS website are included throughout the guide to direct you to more information and resources.

## Table of Contents

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**Please note:** *This guide was prepared as a service to the health care industry and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

CHAPTER 1: WHAT IS STAGE 2 OF THE  
EHR INCENTIVE PROGRAMS?

# What Is Meaningful Use?

It's not enough just to own a certified EHR. Providers have to demonstrate to CMS that they are using their EHRs in ways that can positively impact the care of their patients.

To do this, providers must meet all of the objectives established by CMS for these programs. Then they will be able to demonstrate **MEANINGFUL USE** of their EHRs and receive an incentive payment.

**meaningful use**

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Use of EHRs in a way that positively affects patient care.

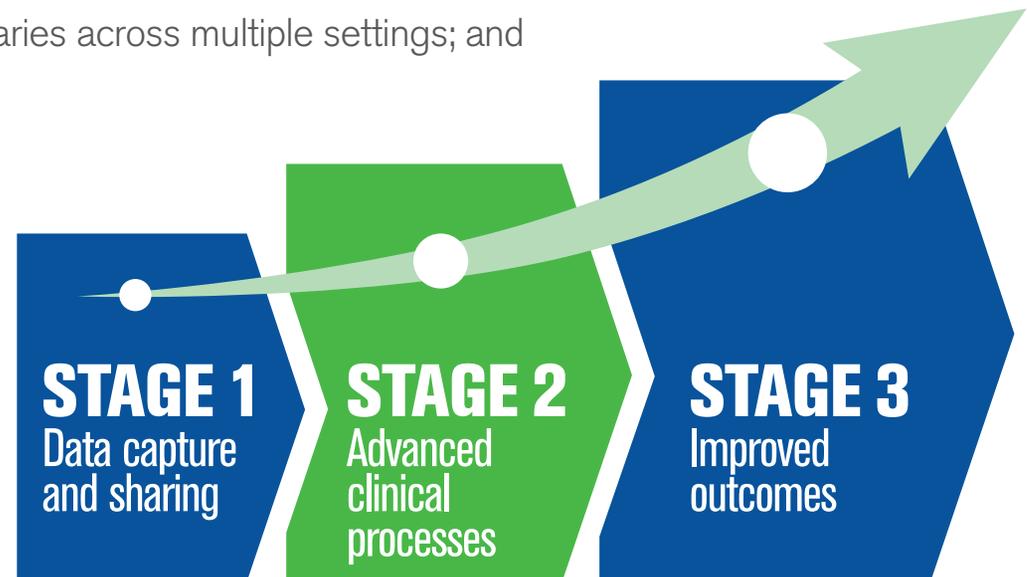
## CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

# What Is Meaningful Use?

**The EHR Incentive Programs consist of 3 stages of meaningful use. This guide focuses on Stage 2.**

Each stage has its own set of requirements for meaningful use. Stage 2 focuses on advanced clinical procedures, including:

- Measures focused on more rigorous health information exchange (HIE);
- Additional requirements for e-prescribing and incorporating lab results;
- Electronic transmission of patient care summaries across multiple settings; and
- Increased patient and family engagement.



# CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

## Want More Information?

For general information about the EHR Incentive Programs or Stage 1 requirements, download our Medicare or Medicaid EHR Incentive Program Introduction Guides:

### [Introduction to Medicare EHR Incentive Program](#)



[http://www.cms.gov/Regulations-and-Guidance/Legislation/  
EHRIncentivePrograms/Downloads/beginners\\_guide.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/beginners_guide.pdf)

### [Introduction to Medicaid EHR Incentive Program](#)



[http://www.cms.gov/Regulations-and-Guidance/Legislation/  
EHRIncentivePrograms/Downloads/Medicaid-EHR-Guide.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Medicaid-EHR-Guide.pdf)

## CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

# What Does Stage 2 Mean to You?

- **New Criteria** – Starting in 2014, providers participating in the EHR Incentive Programs who have met Stage 1 for two or three years will need to meet meaningful use Stage 2 criteria.
- **Improving Patient Care** – Stage 2 includes new objectives to improve patient care through better clinical decision support, care coordination, and patient engagement.
- **Saving Money, Time, Lives** – With Stage 2, EHRs will:
  - Save our health care system money
  - Save doctors and hospitals time
  - Save lives

## CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

# Summary of Stage 2 Structure

Stage 2 retains the same basic structure as Stage 1 of meaningful use. Providers must report on 20 objectives in Stage 2.

The meaningful use measures are split into core and menu objectives. Eligible professionals must report on all core objectives, but can choose the menu measures that pertain to their practice.

**Eligible professionals must now report on 17 core objectives and 3 out of a possible 6 menu objectives.**



## CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

# Do I Need to Upgrade My EHR?

CMS and the Office of the National Coordinator for Health Information Technology (ONC) have established standards and certification criteria for structured data that EHRs must use in order to successfully capture and calculate objectives for Stage 2 of meaningful use. These new standards and certification criteria will take effect in 2014.

**Even if you already have a certified EHR, you will have to adopt or upgrade to the new certification in order to participate in the EHR Incentive Programs beginning in 2014.**

EHR technology that is certified to the 2014 standards and certification criteria will allow providers to meet both Stage 1 and Stage 2 meaningful use requirements.

For more information about certified EHRs and the new 2014 standards and certification criteria, please visit ONC's new 2014 Certification Programs and Policy page:

<http://www.healthit.gov/policy-researchers-implementers/certification-programs-policy>

## CHAPTER 1: WHAT IS STAGE 2 OF THE EHR INCENTIVE PROGRAMS?

# Special Reporting Period in 2014

### For 2014 Only

Because all providers must upgrade or adopt newly certified EHRs in 2014, all providers regardless of their stage of meaningful use are only required to demonstrate meaningful use for a **three-month (or 90-day)** EHR reporting period in 2014:

**Medicare** eligible professionals beyond their first year of meaningful use must select a three-month reporting period fixed to the quarter of the calendar year for eligible professionals. Providers must attest to these reporting periods no later than February 28, 2015 at 12 am ET.

**Medicare** eligible professionals in their first year of meaningful use may select any 90 day reporting period.

**Medicaid** eligible professionals can select any 90-day reporting period that falls within the 2014 calendar year.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Medicare Eligible Professional Stages Timeline

This is a timeline of participation and payments by stage of meaningful use for Medicare eligible professionals:

Maximum Payment by Start Year	2011	2012	2013	2014	2015	2016
2011	1	1	1	2	2	3
\$43,720	\$18,000	\$12,000	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)	\$1,960 Reduction (\$40)	
2012		1	1	2	2	3
\$43,480		\$18,000	\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)	\$1,960 Reduction (\$40)
2013			1	1	2	2
\$38,220			\$14,700 Reduction (\$80)	\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)
2014				1	1	2
\$23,520				\$11,760 Reduction (\$240)	\$7,840 Reduction (\$160)	\$3,920 Reduction (\$80)

*Note: Medicare EHR incentive payments made are subject to the mandatory reductions in federal spending known as sequestration. This 2% reduction will be applied to any Medicare EHR incentive payment for a reporting period that ends on or after April 1, 2013. If the final day of the reporting period occurs before April 1, 2013, those incentive payments will not be subject to the reduction.*

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# Medicaid Eligible Professional Stages Timeline

This is a timeline of participation and payments by stage of meaningful use for Medicaid eligible professionals:

Annual Incentive Payment by Stage of Meaningful Use					
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Adopt, Implement, Upgrade	1	1	2	2	3
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500

Eligible professionals always begin participating under Stage 1 requirements. The last year Medicaid eligible professionals can participate is 2016, and participation does not need to be during consecutive years. Medicaid payments are made over 6 years.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# What Are Stage 2 Objectives of the EHR Incentive Programs?

Stage 2 is the second step of meaningful use for eligible professionals. After you have demonstrated meaningful use under the Stage 1 requirements, you will have to demonstrate meaningful use under the Stage 2 requirements.

For Stage 2 of meaningful use, eligible professionals must meet the thresholds for the 17 core and 3 menu objectives, and report on Clinical Quality Measures (CQMs).



**Stage 2 of meaningful use**

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# What Are Stage 2 Objectives of the EHR Incentive Programs?

## What are the requirements?

- **17 Core Objectives** – These are objectives that everyone who participates in Stage 2 must meet. Some of the core objectives have exclusions, but many do not.
- **3 of 6 Menu Objectives** – You only have to report on 3 out of the 6 available menu objectives for Stage 2. You can choose objectives that make sense for your workflow or practice. Again, some of these objectives have exclusions.

Many of the objectives in Stage 2 will be familiar to you from Stage 1. Some objectives that were in the menu set in Stage 1 have been moved to the core set for Stage 2 and are now required for all providers. Some objectives that were in the core set in Stage 1 now have higher thresholds that you must achieve in order to successfully demonstrate meaningful use of your EHR in Stage 2. There are also some new Stage 2 core and menu objectives.

## CHAPTER 2: WHAT ARE THE REQUIREMENTS UNDER STAGE 2 OF MEANINGFUL USE?

# What Are Stage 2 Objectives of the EHR Incentive Programs?

Over the next several pages, we'll take a quick look at each of these core and menu measures so that you can see at a glance:

- What the objective requires
- What you have to do to meet the required threshold
- What exclusions exist for the objective

Keep in mind that this is only a quick guide. There are many details about meeting these objectives that cannot be addressed here. Once you have a grasp of the Stage 2 basics, we encourage you to explore our Stage 2 Meaningful Use Specification Sheets ([http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2\\_MeaningfulUseSpecSheet\\_TableContents\\_EPs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf)), which give in-depth information on each of the objectives, including how to calculate numerators and denominators, definitions of important terms, and additional information about achieving the objectives.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

## Stage 2 Meaningful Use: 17 Core Objectives

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders	10. Incorporate clinical lab-test results into Certified EHR Technology
2. Generate and transmit permissible prescriptions electronically (eRx)	11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
3. Record demographic information	12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
4. Record and chart changes in vital signs	13. Use certified EHR technology to identify patient-specific education resources
5. Record smoking status for patients 13 years old or older	14. Perform medication reconciliation
6. Use clinical decision support to improve performance on high-priority health conditions	15. Provide summary of care record for each transition of care or referral
7. Provide patients the ability to view online, download and transmit their health information	16. Submit electronic data to immunization registries
8. Provide clinical summaries for patients for each office visit	17. Use secure electronic messaging to communicate with patients on relevant health information
9. Protect electronic health information created or maintained by Certified EHR Technology	

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

<b>Computerized provider order entry (CPOE)</b>	
<b>What this measure requires</b>	More than 60% of medication, 30% of laboratory, and 30% of radiology orders created by the EP during the EHR reporting period are recorded using CPOE.
<b>What that means for you</b>	For at least 60% of your medication orders, 30% of your laboratory orders, and 30% of your radiology orders, you or a licensed staff person will have to use the EHR's CPOE module to enter those orders.
<b>Are you excluded from doing this?</b>	You can be excluded from this objective if you write fewer than 100 medication, radiology, or laboratory orders during the reporting period.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

E-Prescribing (eRx)	
<b>What this measure requires</b>	More than 50% of all permissible prescriptions written by the EP are compared to at least one drug formulary and transmitted electronically using certified EHR technology.
<b>What that means for you</b>	More than 50% of all prescriptions you write have to be compared to at least one drug formulary and sent electronically—not by phone or fax—using your certified EHR.
<b>Are you excluded from doing this?</b>	You can be excluded from meeting this objective if you write fewer than 100 prescriptions during the reporting period OR if you do not have a pharmacy in your organization nor a pharmacy that can accept electronic prescriptions within 10 miles of your practice location.

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# Core Objectives for Eligible Professionals

Record demographics	
<b>What this measure requires</b>	More than 80% of all unique patients seen by the EP have demographics recorded as structured data.
<b>What that means for you</b>	For more than 80% of your patients you have to record the following in the certified EHR: <ul style="list-style-type: none"><li>• Preferred language</li><li>• Gender</li><li>• Race</li><li>• Ethnicity</li><li>• Date of Birth</li></ul>
<b>Are you excluded from doing this?</b>	There are no exclusions. Everyone must meet this objective.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

Record vital signs	
<b>What this measure requires</b>	More than 80% of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.
<b>What that means for you</b>	For more than 80% of your patients who are age 3 and older, you have to record <b>blood pressure</b> in the certified EHR. For more than 80% of your patients of any age, you have to record <b>height and weight</b> in the certified EHR.
<b>Are you excluded from doing this?</b>	You can be excluded from recording all three vital signs if you don't believe these vital signs are relevant to your scope of practice. You can also be excluded from recording just blood pressure if you don't believe blood pressure is relevant for you—or just height and weight if you don't believe height and weight are relevant for you.  You can be excluded from recording blood pressure if you see no patients age 3 or older.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

## Record smoking status for patients 13 years or older

<b>What this measure requires</b>	More than 80% of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.
<b>What that means for you</b>	You must record the smoking status for more than 80% of all of the patients you see who are age 13 or older.
<b>Are you excluded from doing this?</b>	You are excluded from this measure if you do not see any patients 13 years old or older.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

Use clinical decision support	
<b>What this measure requires</b>	<ul style="list-style-type: none"> <li>Implement 5 clinical decision support interventions related to 4 or more clinical quality measures, if applicable, at a relevant point in patient care for the entire EHR reporting period.</li> <li>Enable the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</li> </ul>
<b>What that means for you</b>	<p>In order to meet this measure, you have to achieve two things:</p> <ol style="list-style-type: none"> <li>Certified EHRs have the ability to program clinical decision supports that can trigger alerts or clinical information for providers when they encounter patients with certain diagnoses or treatments. You must implement all of these 5 clinical decision support “rules” in your certified EHR. The clinical decision support you implement should be related to 4 or more of the clinical quality measures you report on, if possible. The clinical decision support should also happen at a point in your workflow when it can have a positive impact on patient care.</li> <li>Certified EHR comes with the ability to automatically check for potentially adverse drug-drug or drug-allergy interactions. You have to turn this functionality on and keep it on.</li> </ol>
<b>Are you excluded from doing this?</b>	<p>There is no exclusion for the first objective, so everyone must meet it. You can be excluded from the second measure if you write fewer than 100 medication orders during the reporting period.</p>

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# Core Objectives for Eligible Professionals

## Provide patients the ability to view online, download and transmit their health information

<b>What this measure requires</b>	<ul style="list-style-type: none"><li>• More than 50% of all unique patients are provided online access to their health information within 4 business days after the information is available to the EP.</li><li>• More than 5% of all unique patients view, download or transmit to a third party their health information.</li></ul>
<b>What that means for you</b>	Not only do you have to provide online access to health information for over half of your patients, you also have to make sure that more than 5% of your patients actually access the online health information you have made available.
<b>Are you excluded from doing this?</b>	<p>You can be excluded from meeting this objective if you do not order or create any of the required information, except for “Patient name” and “Provider name” and office contact information.</p> <p>You can also be excluded if your practice is in an area with low broadband availability. For more information about qualifying for this exclusion, visit the <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2EPCore_7_PatientElectronicAccess.pdf">Stage 2 Meaningful Use Specification Sheet for this objective (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2EPCore_7_PatientElectronicAccess.pdf)</a></p>

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

## Provide clinical summaries for patients for each office visit

<b>What this measure requires</b>	Clinical summaries provided to patients within one business day for more than 50% of office visits.
<b>What that means for you</b>	For more than half of your office visits, patients receive a clinical summary within one day of the visit.
<b>Are you excluded from doing this?</b>	If you do not conduct any office visits, you can be excluded from meeting this objective.

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# Core Objectives for Eligible Professionals

Protect electronic health information	
<b>What this measure requires</b>	Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308 (a)(1), including addressing the encryption/security of data at rest and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.
<b>What that means for you</b>	You have to meet the same HIPAA requirements for protecting patient information in your EHR as you do for paper records. To do this, you must conduct a security review of your system and correct any problems that could make patient information vulnerable.
<b>Are you excluded from doing this?</b>	There are no exclusions. Everyone must meet this objective.

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# Core Objectives for Eligible Professionals

<b>Incorporate clinical lab-test results into Certified EHR Technology</b>	
<b>What this measure requires</b>	More than 55% of all clinical lab tests ordered by the EP during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in Certified EHR Technology as structured data.
<b>What that means for you</b>	Results from over 55% of lab tests ordered during the reporting period are recorded in the EHR as structured data—as long as the tests yield a number or a positive/negative response. Other test results do not count toward this objective.
<b>Are you excluded from doing this?</b>	You can be excluded from meeting this objective if you did not order any lab tests during the reporting period or if none of the results from the tests you ordered came back as a number or as a positive/negative response.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

<b>Generate lists of patients by specific conditions</b>	
<b>What this measure requires</b>	Generate at least one report listing patients of the EP with a specific condition.
<b>What that means for you</b>	You can decide what condition is clinically relevant or useful to your practice, then generate a report from your certified EHR of patients with that condition.
<b>Are you excluded from doing this?</b>	There are no exclusions. Everyone must meet this objective.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

<b>Identify patients who should receive reminders for preventive/follow-up care</b>	
<b>What this measure requires</b>	More than 10% of all unique patients who have had 2 or more office visits with the EP within the 24 months before the beginning of the EHR reporting period were sent a reminder, per patient preference when available.
<b>What that means for you</b>	The measure for this objective has changed slightly from Stage 1. Now you can limit patients who receive a reminder to those with whom you have more frequent contact—over 10% of patients with 2 or more office visits within the last 24 months. The reminder should be sent via the patient's preference of the methods available.
<b>Are you excluded from doing this?</b>	You can be excluded from this measure if you had no office visits in the 24 months before the reporting period.

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# Core Objectives for Eligible Professionals

<b>Identify patient-specific education resources and provide those resources to the patient</b>	
<b>What this measure requires</b>	More than 10% of all unique patients with office visits are provided patient-specific education resources.
<b>What that means for you</b>	For over 10% of your patients, you should use your certified EHR's ability to recommend educational resources to your patients. Your EHR is certified with the ability to make these recommendations based on patient-specific variables, such as chronic conditions (e.g., diabetes).
<b>Are you excluded from doing this?</b>	You can be excluded if you have no office visits during the reporting period.

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# Core Objectives for Eligible Professionals

<b>Perform medication reconciliation</b>	
<b>What this measure requires</b>	The EP performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP.
<b>What that means for you</b>	For over half the patients who see you after receiving care from another provider, you should update medication information by comparing the patient's medical record to an external list of medications obtained from a patient, hospital, or other provider.
<b>Are you excluded from doing this?</b>	You can be excluded from meeting this objective if you did not see any patients after they received care from another provider.

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# Core Objectives for Eligible Professionals

## Provide summary care record for each transition of care or referral

### What this measure requires

EPs must do the following to meet this measure:

#### Measure 1:

Provide a summary of care record for more than 50% of transitions of care and referrals.

#### Measure 2:

Provide a summary of care record for more than 10% of the total number of transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is an eHealth Exchange (formerly NwHIN exchange) participant or in a manner that is consistent with the governance mechanism ONC establishes for the eHealth Exchange.

#### Measure 3:

EPs must also satisfy one of the following criteria:

- Conduct one or more successful electronic exchanges of a summary of care document, as part of which is counted in “measure 2” with a recipient who has EHR technology that was developed/ designed by a different EHR technology developer than the sender’s EHR technology.
- Conduct one or more successful tests with the CMS designated test EHR during the EHR reporting period.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Core Objectives for Eligible Professionals

## Provide summary care record for each transition of care or referral (continued)

<b>What that means for you</b>	<p>For over half of the patients you refer to another provider or transfer to another setting of care (e.g., nursing home), you have to send the next provider of care either an electronic or paper summary of care document that is generated by your certified EHR.</p> <p>Of those summary of care documents you send, more than 10% must be sent electronically—either directly to a recipient or using the eHealth Exchange standards.</p> <p>At least one of the summary of care documents that are sent electronically must be sent to someone who is using a completely different EHR vendor or to the CMS designated test EHR.</p>
<b>Are you excluded from doing this?</b>	<p>You can be excluded from all three measures if you transfer a patient to another setting or refer a patient to another provider less than 100 times during the reporting period.</p>

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# Core Objectives for Eligible Professionals

## Submit electronic data to immunization registries

<b>What this measure requires</b>	Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period.
<b>What that means for you</b>	Your EHR comes equipped with the ability to electronically send immunization data. In Stage 1, you tested your EHR's ability to electronically transmit that information to a public health registry. Now in Stage 2, you must successfully submit this information electronically on a continuing basis.
<b>Are you excluded from doing this?</b>	<p>You could be excluded from this objective for any of these reasons:</p> <ul style="list-style-type: none"><li>• You do not administer immunizations to any of the populations for which data is collected by your jurisdiction's immunization registry.</li><li>• You operate in a jurisdiction where no immunization registry is capable of accepting the specific standards required for your EHR.</li><li>• You operate in a jurisdiction where no immunization registry provides timely information on capability to receive immunization data.</li><li>• You operate in a jurisdiction for which no immunization registry that is capable of accepting the specific standards required by your EHR can enroll additional EPs.</li></ul>

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# Core Objectives for Eligible Professionals

## Use secure electronic messaging to communicate with patients

<b>What this measure requires</b>	A secure message was sent using the electronic messaging function of CEHRT by more than 5% of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.
<b>What that means for you</b>	Certified EHR technology will contain the capability to send secure messages between you and your patients. In order to meet this objective, you have to make sure that more than 5% of your patients actually use this capability by sending you a secure message.
<b>Are you excluded from doing this?</b>	You can be excluded if you have no office visits during the reporting period.  You can also be excluded if you practice in an area with low broadband availability. For more information about qualifying for this exclusion, visit the <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_17_UseSecureElectronicMessaging.pdf">Stage 2 Meaningful Use Specification Sheet for this objective (http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2_EPCore_17_UseSecureElectronicMessaging.pdf)</a> .

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
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# Menu Objectives for Eligible Professionals

## Meaningful Use: 6 Menu Objectives:

1. **Submit electronic syndromic surveillance data to public health agencies**
2. **Record electronic notes in patient records**
3. **Imaging results accessible through CEHRT**
4. **Record patient family health history**
5. **Report cancer cases to a public health central cancer registry**
6. **Report specific cases to a specialized registry**

While there are exclusions provided for some of these menu objectives, you cannot select a menu objective and claim the exclusion if there are other menu objectives that you could report on instead

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# Menu Objectives for Eligible Professionals

## Submit electronic syndromic surveillance data to public health agencies

<b>What this measure requires</b>	The EP performs successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period.
<b>What that means for you</b>	Your EHR comes equipped with the ability to electronically send syndromic surveillance data (e.g., influenza population data). You have to successfully submit that information to a public health agency for the entire reporting period. In Stage 1, you tested your EHR's ability to electronically transmit that information to a public health registry. Now in Stage 2, you must successfully submit this information electronically on a continuing basis.
<b>Are you excluded from doing this?</b>	<p>You could be excluded from this objective for any of these reasons:</p> <ul style="list-style-type: none"><li>• You are not in a category of providers that collect ambulatory syndromic surveillance information on patients during the reporting period.</li><li>• You operate in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by your EHR.</li><li>• You operate in a jurisdiction where no public health agency provides timely information on the capability to receive syndromic surveillance data.</li><li>• You operate in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by your EHR can enroll additional EPs.</li></ul>

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Menu Objectives for Eligible Professionals

<b>Record electronic notes in patient records</b>	
<b>What this measure requires</b>	Enter at least one electronic progress note created, edited and signed by an EP for more than 30% of unique patients with at least one office visit during the EHR reporting period. Electronic progress notes must be text-searchable. Non-searchable notes do not qualify, but this does not mean that all of the content has to be character text. Drawings and other content can be included with searchable text notes under this measure.
<b>What that means for you</b>	For over 30% of your patients, you must enter progress notes into the electronic health record. Your EHR will have the capability for those notes to be text searchable.
<b>Are you excluded from doing this?</b>	There are no exclusions. Everyone who selects this measure must meet this objective.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Menu Objectives for Eligible Professionals

Imaging results accessible through CEHRT	
<b>What this measure requires</b>	More than 10% of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.
<b>What that means for you</b>	For over 10% of all tests that yield an image, the test results must be accessible through your EHR. You could either store the image(s) in your EHR or make a direct link available in your EHR that takes the viewer to the image(s) test result.
<b>Are you excluded from doing this?</b>	You can be excluded if you order less than 100 tests that yield an image during the reporting period. You can also be excluded if you don't have access to electronic imaging results at the start of the reporting period.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Menu Objectives for Eligible Professionals

Record patient family health history	
<b>What this measure requires</b>	More than 20% of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.
<b>What that means for you</b>	You must record family health history for over 20% of your patients. The family health history must include one or more first-degree relatives.
<b>Are you excluded from doing this?</b>	You can be excluded if you have no office visits during the reporting period.

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Menu Objectives for Eligible Professionals

<b>Report cancer cases to a public health central cancer registry</b>	
<b>What this measure requires</b>	Successful ongoing submission of cancer case information from CEHRT to a public health central cancer registry for the entire EHR reporting period.
<b>What that means for you</b>	Your EHR comes equipped with the ability to electronically submit cancer case information to a public health center cancer registry. To meet this objective, you must successfully submit this information electronically on a continuing basis.
<b>Are you excluded from doing this?</b>	<p>You can be excluded if you meet one of the following criteria:</p> <ul style="list-style-type: none"> <li>• You do not diagnose or directly treat cancer.</li> <li>• You operate in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for your EHR.</li> <li>• You operate in a jurisdiction where no public health agency for which you are eligible provides timely information on the capability to receive electronic cancer case information.</li> <li>• You operate in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for your EHR can enroll additional EPs.</li> </ul>

CHAPTER 2: WHAT ARE THE REQUIREMENTS  
UNDER STAGE 2 OF MEANINGFUL USE?

# Menu Objectives for Eligible Professionals

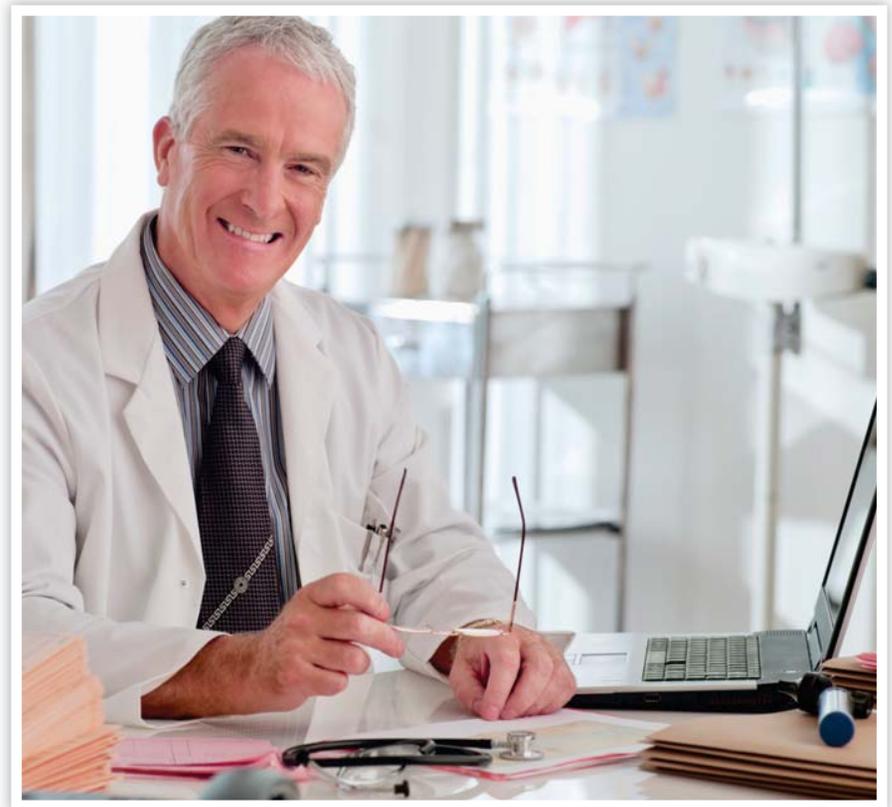
Report specific cases to a specialized registry	
<b>What this measure requires</b>	Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period.
<b>What that means for you</b>	You must successfully submit specific case information from your EHR to a specialized registry. A specialized registry is usually associated with a specific disease and is sponsored or maintained by a national specialty society and/or a public health agency.
<b>Are you excluded from doing this?</b>	<p>You are excluded if you meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <li>• You do not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society or the public health agencies in your jurisdiction.</li> <li>• You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR.</li> <li>• You operate in a jurisdiction where no public health agency or national specialty society for which you are eligible provides timely information on the capability to receive information into specialized registries.</li> <li>• You operate in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which you are eligible is capable of receiving electronic specific case information in the specific standards required by your EHR can enroll additional EPs.</li> </ul>

## CHAPTER 2: WHAT ARE THE REQUIREMENTS UNDER STAGE 2 OF MEANINGFUL USE?

# What If None of the Menu Objectives Are Relevant?

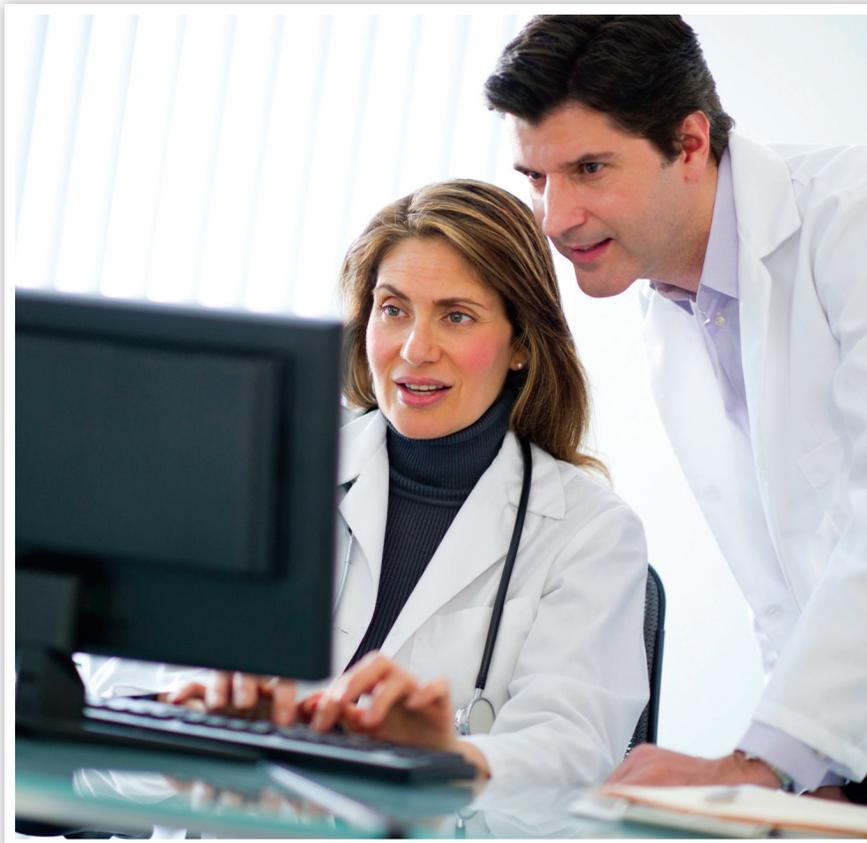
It's rare, but it's possible that none of the menu objectives are applicable to your scope of practice. If that is the case for you and you qualify for all of the exclusions for each of the menu objectives, then you can select 3 menu objectives and claim the exclusion for each.

However, if you do not qualify for all of the exclusions to the menu objectives, you must go back and select menu objectives on which you can report.



## CHAPTER 3: HOW WILL CLINICAL QUALITY MEASURES CHANGE?

# Changes to CQMs in 2014



Beginning in 2014, the reporting of clinical quality measures (CQMs) will change for all providers.

EHR technology that has been certified to the 2014 standards and capabilities will contain new CQM criteria, and eligible professionals will report using the new 2014 criteria regardless of whether they are participating in Stage 1 or Stage 2 of the EHR Incentive Programs.

## CHAPTER 3: HOW WILL CLINICAL QUALITY MEASURES CHANGE?

# How to Submit CQM Data in 2014

All Medicare eligible professionals have the option of submitting three months of CQM data online through the CMS Registration & Attestation System.

Medicare eligible professionals also have the option to submit a full year of data electronically using the QRDA format to receive credit for the EHR Incentive Program and the Physician Quality Reporting System.

Please note that your attestation for the Medicare EHR Incentive Program is not complete until you submit clinical quality measure data, so your EHR incentive payment will be held until your electronic submission is processed.

Medicaid eligible professionals must submit their clinical quality measurement data to their State Medicaid Agency.

More information on eReporting is available on page 45.

## CHAPTER 3: HOW WILL CLINICAL QUALITY MEASURES CHANGE?

# How to Select CQMs in 2014

Beginning in 2014, eligible professionals must select and report on 9 of a possible list of 64 approved CQMs for the EHR Incentive Programs.

There is also a new requirement in 2014 that the quality measures selected must cover at least 3 of the 6 available National Quality Strategy (NQS) domains, which represent the Department of Health and Human Services' NQS priorities for health care quality improvement. The 6 domains are:



- **Patient and Family Engagement**
- **Patient Safety**
- **Care Coordination**
- **Population and Public Health**
- **Efficient Use of Health Care Resources**
- **Clinical Processes/Effectiveness**

You can find a complete list of the 2014 CQMs for the EHR Incentive Programs and their associated National Quality Strategy domains on our Clinical Quality Measure webpage at <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.

## CHAPTER 3: HOW WILL CLINICAL QUALITY MEASURES CHANGE?

# Recommended Core CQMs

CMS has also published a recommended core set of CQMs for eligible professionals that focus on high-priority health conditions and best-practices for care delivery.

- 9 CQMs for **adult populations** that meet all of the program requirements
- 9 CQMs for **pediatric populations** that meet all of the program requirements

These recommended core sets focus on conditions that contribute to the morbidity and mortality of most Medicare and Medicaid beneficiaries and also focus on areas that represent national public health priorities or disproportionately drive health care costs. If one of these sets is applicable to your patient population, CMS recommends choosing these 9 CQMs.

## CHAPTER 3: HOW WILL CLINICAL QUALITY MEASURES CHANGE?

# Option to Report 2014 CQMs Electronically

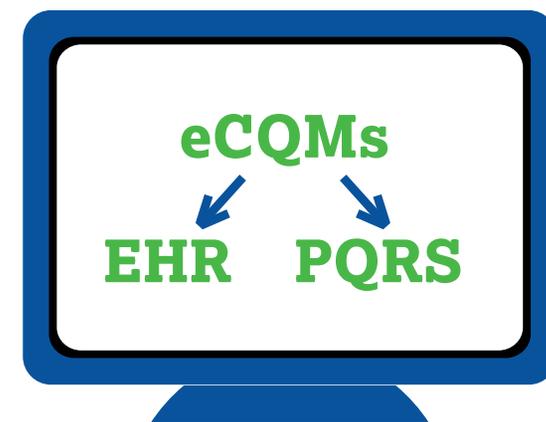
### CQM eReporting

Eligible professionals have the option to electronically report their CQM data for the full calendar year of 2014 (January 1, 2014 to December 31, 2014) to receive credit for both the Physician Quality Reporting Program (PQRS) and the Medicare EHR Incentive Program participation. Providers who choose to submit electronically will submit their CQM data as an electronic file between January 1 and February 28, 2015.

Eligible professionals will not qualify for an incentive payment until they have submitted their CQMs. Those who chose to submit their CQMs electronically to receive credit for both programs will not receive payment prior to 2015, as providers must submit 12 months of CQM data (January 1, 2014-December 31, 2014).

For providers who choose to submit their CQMs electronically, the Medicare EHR Incentive Program payment should be issued in the spring of 2015, depending on when providers complete attestation and submit their eCQM data.

For more information about electronic submission of CQM data, visit the [PQRS website](#).



## CHAPTER 4: RESOURCES

# Resources

Topic	Resource	Description
<b>Certified EHR Technology</b>	<a href="#">CPHL Certified EHR List</a>	Webpage maintained by ONC that provides a comprehensive listing of complete EHRs and EHR modules
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">CQMs Homepage</a>	Main CQM webpage of the EHR website, providing basic CQM information, links to other CQM pages, and resources
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">CQMs Through 2013 Page</a>	Webpage of the EHR website for information on reporting CQMs in 2013
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">Electronic Specifications for CQMs Page</a>	Webpage of the EHR website for information on electronic specifications for CQMs and information on how to submit CQMs electronically
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">2014 CQMs Page</a>	Webpage of the EHR website for information on the 2014 CQMs
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">2014 CQMs Tipsheet</a>	A PDF document that helps EPs meet CQM requirements in 2013 and 2014
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">Guide to Clinical Quality Measures</a>	A guide to help EPs understand clinical quality measures
<b>Clinical Quality Measures (CQMs)</b>	<a href="#">eCQM Library</a>	Webpage that contains the CMS updates to the CQM specifications used in the EHR Incentive Programs; CMS updates the specifications frequently in order to ensure that specifications maintain alignment with current clinical guidelines and the CQMs remain relevant within the clinical care setting

## CHAPTER 4: RESOURCES

# Resources

Topic	Resource	Description
Other CMS Programs	<a href="#">EHR Incentive Program, PQRS, and e-Prescribing Comparison Tip Sheet</a>	A PDF document that compares the three CMS incentive programs
Other CMS Programs	<a href="#">Medicare Improvements for Patients and Providers Act (MIPPA) e-Prescribing Incentive Program Homepage</a>	CMS webpage that provides information on the MIPPA e-prescribing incentive program
Other CMS Programs	<a href="#">Physician Quality Reporting System (PQRS) Homepage</a>	CMS webpage that provides information on the PQRS and how to participate in it
Stage 2	<a href="#">Stage 2 Homepage</a>	Stage 2 webpage of the EHR website, providing basic Stage 2 information and resources
Stage 2	<a href="#">Stage 2 Specification Sheets for EPs</a>	A PDF document that provides EPs with information for each Stage 2 objective
Stage 2	<a href="#">Stage 2 Overview Tipsheet</a>	A PDF document that helps providers understand the Stage 2 final rule and its objectives
Stage 2	<a href="#">Stage 1 vs Stage 2 Comparison Table for EPs</a>	A PDF document that gives EPs a side-by-side look at Stage 1 versus Stage 2
Stage 2	<a href="#">Payment Adjustments &amp; Hardship Exceptions Tipsheet for EPs</a>	A PDF document that helps EPs understand payment adjustments and hardship exceptions