Centers for Medicare and Medicaid Services
Final Rule - Stage 3 Meaningful Use Criteria
Objectives and Measures Summary

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Contents
Overview ................................................................................................................................. 3
Objective 1: Protect Patient Health Information ................................................................. 3
Objective 2: Electronic Prescribing ..................................................................................... 4
Objective 3: Clinical Decision Support ............................................................................... 5
Objective 4: Computerized Provider Order Entry .............................................................. 6
Objective 5: Patient Electronic Access to Health Information .......................................... 8
Objective 6: Coordination of Care through Patient Engagement ...................................... 10
Objective 7: Health Information Exchange ........................................................................ 12
Objective 8: Public Health and Clinical Data Registry Reporting ....................................... 14
Overview
On October 16th the Centers for Medicare and Medicaid Services released the final rule for Stage 3 Meaningful Use Criteria. The full text of the 752 page document can be found here.

The document is an update to the proposed rule summary that from March and outlines eight program objectives, their scope and how they intend to measure them.

The new measures are optional in 2017 and become required in 2018.

What follows is a high level summary of the final rule. If you wish to examine the details or the context for each item summarized please refer to the full document as referenced above.

Objective 1: Protect Patient Health Information
Protect electronic protected health information (ePHI) created or maintained by the CEHRT through the implementation of appropriate technical capabilities.

Final Measure: 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 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 eligible provider, eligible hospital and CAH's risk management process.
Objective 2: Electronic Prescribing

Eligible providers must generate and transmit permissible prescriptions electronically, and eligible hospitals and critical access hospitals must generate and transmit permissible discharge prescriptions electronically (eRx). The objective has different measures for eligible providers and hospitals.

**Final Eligible Provider Measure:** More than 60 percent of all permissible prescriptions written by the eligible provider are queried for a drug formulary and transmitted electronically using CEHRT.

- **Measure Denominator:** Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the EHR reporting period.
- **Measure Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
- **Measure Threshold:** The resulting percentage must be more than 60 percent in order for an EP to meet this measure.
- **Measure Exclusions:** Any EP who: (1) writes fewer than 100 permissible prescriptions during the EHR reporting period; or (2) does not have a pharmacy within their 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.

**Final Eligible Hospital/Critical Access Hospital Measure:** More than 25 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.

- **Measure Denominator:** The number of new, changed or refill prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances for patients discharged during the EHR reporting period.
- **Measure Numerator:** The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically.
- **Measure Threshold:** The resulting percentage must be more than 25 percent in order for an eligible hospital or CAH to meet this measure.
- **Measure Exclusion:** Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.
Objective 3: Clinical Decision Support
Implement clinical decision support (CDS) interventions focused on improving performance on high-priority health conditions.

Final Measures: EPs, eligible hospitals, and CAHs must satisfy both measures in order to meet the objective:

Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs 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.

Measure 2: 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.

Measure Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.
Objective 4: Computerized Provider Order Entry

Use computerized provider order entry (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.

Final Measures: An EP, eligible hospital or CAH must meet all three measures.

Measure 1: More than 60 percent of medication orders created by the EP or 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.

- **Measure Denominator**: Number of medication orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

- **Measure Numerator**: The number of orders in the denominator recorded using CPOE.

- **Measure Threshold**: The resulting percentage must be more than 60 percent in order for an EP, eligible hospital, or CAH to meet this measure.

- **Measure Exclusion**: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Final Measure 2: More than 60 percent of laboratory orders created by the EP or 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.

- **Measure Denominator**: Number of laboratory orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

- **Measure Numerator**: The number of orders in the denominator recorded using CPOE.

- **Measure Threshold**: The resulting percentage must be more than 60 percent in order for an EP, eligible hospital, or CAH to meet this measure.

- **Measure Exclusion**: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.
Final Measure 3: More than 60 percent of radiology orders created by the EP or 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.

Measure Denominator: Number of diagnostic imaging orders created by the EP or authorized providers in the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Measure Numerator: The number of orders in the denominator recorded using CPOE.

Measure Threshold: The resulting percentage must be more than 60 percent in order for an EP, eligible hospital, or CAH to meet this measure.

Measure Exclusion: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.
Objective 5: Patient Electronic Access to Health Information

The EP, eligible hospital or CAH provides patients (or patient-authorized representative) with timely electronic access to their health information and patient specific education.

Final Measure 1: For more than 80 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23): (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The provider ensures the patient’s health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.

**Measure Denominator:** The number of unique patients seen by the EP or the number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

**Measure Numerator:** The number of patients in the denominator (or patient-authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured to meet the technical specifications of the API in the provider’s CEHRT.

**Measure Threshold:** The resulting percentage must be more than 80 percent in order for a provider to meet this measure.

Final Measure 2: The EP, eligible hospital 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 percent of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

**Measure Denominator:** The number of unique patients seen by the EP or the number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

**Measure Numerator:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the EHR reporting period.

**Measure Threshold:** The resulting percentage must be more than 35 percent in order for a provider to meet this measure.

**Measure 1 & 2 Exclusions:** A provider may exclude the measures if one of the following apply:
- An EP may exclude from the measure if they have no office visits during the EHR reporting period.
- Any EP that 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 may exclude the measure.
- Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.
Objective 6: Coordination of Care through Patient Engagement
Use CEHRT to engage with patients or their authorized representatives about the patient's care.

Final Measure 1: During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either: (1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the provider's CEHRT; or (3) a combination of (1) and (2).

Measure Denominator: Number of unique patients seen by the EP, or the number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Measure Numerator: The number of unique patients (or their authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the EHR reporting period and the number of unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an API during the EHR reporting period.

Measure Threshold for 2017: The resulting percentage must be more than 5 percent.

Measure Threshold for 2018 and Subsequent Years: The resulting percentage must be more than 10 percent.

Final Measure 2: For more than 25 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient or their authorized representative. For an EHR reporting period in 2017, the threshold for this measure is 5 percent rather than 25 percent.

Measure Denominator: Number of unique patients seen by the EP or the number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

Measure Numerator: The number of patients in the denominator for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), during the EHR reporting period.

Measure Threshold in 2017: The resulting percentage must be more than 5 percent in order for an EP, eligible hospital, or CAH to meet this measure.

Measure Threshold in 2018 and Subsequent Years: The resulting percentage must be more than 25 percent in order for an EP, eligible hospital, or CAH to meet this measure.
**Final Measure 3**: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

**Measure Denominator**: Number of unique patients seen by the EP or the number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.

**Measure Numerator**: The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the EHR reporting period.

**Measure Threshold**: The resulting percentage must be more than 5 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusions**: A provider may exclude the measures if one of the following apply:

- An EP may exclude from the measure if they have no office visits during the EHR reporting period.
- Any EP that 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 may exclude the measure.
- Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.
Objective 7: Health Information Exchange

The EP, eligible hospital, or CAH provides a summary of care record when transitioning or referring their patient to another setting of care, receives or retrieves a summary of care record upon the receipt of a transition or referral or upon the first patient encounter with a new patient, and incorporates summary of care information from other providers into their EHR using the functions of CEHRT.

Final Measure 1: For more than **50 percent** of transitions of care and referrals, the EP, eligible hospital 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.

**Measure Denominator:** Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital or CAH inpatient or emergency department (POS 21 or 23) was the transferring or referring provider.

**Measure Numerator:** The number of transitions of care and referrals in the denominator where a summary of care record was created using certified EHR technology and exchanged electronically.

**Measure Threshold:** The percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusion:** A provider may exclude from the measure if any of the following apply:
- 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.
- Any EP that 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 may exclude the measures.
- Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

Final Measure 2: For more than **40 percent** of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital or CAH incorporates into the patient's EHR an electronic summary of care document.

**Measure Denominator:** Number of patient encounters during the EHR reporting period for which an EP, eligible hospital, or CAH was the receiving party of a transition or referral or has never before encountered the patient and for which an electronic summary of care record is available.

**Measure Numerator:** Number of patient encounters in the denominator where an electronic summary of care record received is incorporated by the provider into the certified EHR technology.
**Measure Threshold:** The percentage must be more than 40 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusion:** A provider may exclude from the measure if any of the following apply:
- Any EP, eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.
- Any EP that 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 may exclude the measures.
- Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period.

**Final Measure 3:** For more than 80 percent of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital, or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:
1. Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication.
3. Current Problem list. Review of the patient's current and active diagnoses

**Measure Denominator:** Number of transitions of care or referrals during the EHR reporting period for which the EP or eligible hospital or CAH inpatient or emergency department (POS 21 or 23) was the recipient of the transition or referral or has never before encountered the patient.

**Measure Numerator:** The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

**Measure Threshold:** The resulting percentage must be more than 80 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusion:** Any EP, eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.
Objective 8: Public Health and Clinical Data Registry Reporting
The EP, eligible hospital, or CAH is in active engagement with a public health agency or clinical data registry 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.

Final Measure 1 – Immunization Registry Reporting: The EP, eligible hospital, 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).

Measure 1 Exclusion: Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH: (1) does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period; (2) 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 (3) operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.

Final Measure 2 – Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Measure 2 Exclusion for Eligible Providers: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (1) is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; (2) 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 (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.

Measure 2 Exclusion for eligible hospitals/CAHs: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: (1) does not have an emergency or urgent care department; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the EHR reporting period.
**Final Measure 3 - Electronic Case Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.

**Measure 3 Exclusion:** Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EP, eligible hospital, or CAH: (1) does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.

**Final Measure 4 - Public Health Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to public health registries.

**Measure 4 Exclusion:** Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP, eligible hospital, or CAH: (1) does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency 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 (3) operates in a jurisdiction where no public health registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.

**Final Measure 5 – Clinical Data Registry Reporting:** The EP, eligible hospital, or CAH is in active engagement to submit data to a clinical data registry.

**Measure 5 Exclusions:** Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP, eligible hospital, or CAH: (1) does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no clinical data 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 (3) operates in a jurisdiction where no clinical data registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.
Final Measure 6 – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.

Measure 6 Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH: (1) does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the EHR reporting period.