Centers for Medicare and Medicaid Services

Proposed Stage 3 Meaningful Use Criteria

Objectives and Measure Summary

March 20, 2015

Provided by

Clinical Architecture LLC
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Overview
On Friday the Centers for Medicare and Medicaid Services released the proposed rule for Stage 3 Meaningful Use Criteria. The full text of the 301 page document can be found here.

The document outlines eight program objectives, their scope and how they intend to measure them.

The timeframe of the new measures is the end of 2017.

What follows is a high level summary of the proposed 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 certified EHR technology (CEHRT) through the implementation of appropriate technical, administrative, and physical safeguards.

Proposed Measure: Conduct or review a security risk analysis in accordance with the requirements for administrative safeguards (under 45 CFR 164.308(a)(1)), including addressing the security of data stored in CEHRT in accordance with requirements of technical safeguards (under 45 CFR 164.312(a)(2)(iv)) and general rules (under 45 CFR 164.306(d)(3)), implement security updates as necessary, and correct identified security deficiencies as part of the provider’s risk management process.

Under this proposed measure, a risk analysis must assess the risks and vulnerabilities to ePHI created or maintained by the CEHRT and must be conducted or reviewed for each EHR reporting period, which, as proposed in this rule, would be a full calendar year, and any security updates and deficiencies identified should be included in the provider’s risk management process and implemented or corrected as dictated by that process.

They propose the timing or review of the security risk analysis to satisfy this proposed measure must be as follows:

- Eligible providers, eligible hospitals, and critical access hospitals must conduct the security risk analysis upon installation of CEHRT or upon upgrade to a new Edition of certified EHR Technology. The initial security risk analysis and testing may occur prior to the beginning of the first EHR reporting period using that certified EHR technology.
- In subsequent years, a provider must review the security risk analysis of the CEHRT and the administrative, physical, and technical safeguards implemented, and make updates to its analysis as necessary, but at least once per EHR reporting period.
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.

**Proposed Eligible Provider Measure:** More than 80 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 80 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.

**Proposed 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 or changed 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 at a relevant point in clinical workflows focused on improving performance on high-priority health conditions. Providers are encouraged to implement CDS related to quality measurement and improvement goals on the following areas:

- Preventive care.
- Chronic condition management.
- Heart disease and hypertension.
- Appropriateness of diagnostic orders or procedures such as labs, diagnostic imaging, genetic testing, pharmacogenetic and pharmacogenomic test result support or other diagnostic testing.
- Advanced medication-related decision support, to include pharmacogenetic and pharmacogenomic test result support.

Proposed 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 2 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.

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

**Proposed Measure 1:** More than 80 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.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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 80 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.

**Proposed 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.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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.
Proposed Measure 3: More than 60 percent of diagnostic imaging 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.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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 access for patients to view online, download, and transmit their health information, or retrieve their health information through an API, within 24 hours of its availability.

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

Proposed 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 patient-authorized representative) is provided access to view online, download, and transmit their health information within 24 hours of its availability to the provider; or (2) The patient (or patient-authorized representative) is provided access to an ONC-certified API that can be used by third-party applications or devices to provide patients (or patient-authorized representatives) access to their health information, within 24 hours of its availability to the provider.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

- **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 are provided access to information within 24 hours of its availability to the EP or eligible hospital/CAH.

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

- **Measure Exclusions**: 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.

Proposed Measure 1: Alternate Proposals for discussion

These three alternate proposals would represent different use cases for the CEHRT function to support view, download, and transmit and/or API functionality. They note that under these proposed alternates the following mix of functions would be applicable:

- Alternate A would require both functions to be available instead of allowing the provider to choose between the two.
- Alternate B would require the provider to choose to have either both functions, or just an API function.
Alternate C would require the provider to only have the API function. For Alternate C, the use of a separate view, download, and transmit function would be entirely at the provider’s discretion and not included as part of the definition of meaningful use.

**Proposed 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.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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.

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

**Measure Exclusions:** 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 communications functions of certified EHR technology to engage with patients or their authorized representatives about the patient's care.

Proposed Measures: We are proposing that providers must attest to the numerator and denominator for all three measures, but would only be required to successfully meet the threshold for two of the three proposed measures to meet the Coordination of Care through Patient Engagement Objective.

Proposed Measure 1: During the EHR reporting period, 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) actively engage with the electronic health record made accessible by the provider. An EP, eligible hospital or CAH may meet the measure by either:

1. More than 25 percent of all unique patients (or patient-authorized representatives) 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 view, download or transmit to a third party their health information; or
2. More than 25 percent of all unique patients (or patient-authorized representatives) 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 access their health information through the use of an ONC-certified API that can be used by third-party applications or devices.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**Measure 1 Option 1: View, Download, or Transmit to a Third Party**

**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.

**Measure Threshold:** The resulting percentage must be more than 25 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure 1 Option 2: API**

**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 unique patients (or their authorized representatives) in the denominator who have accessed their health information through the use of an ONC-certified API.
**Proposed Measure 2:** For more than 35 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's authorized representatives), or in response to a secure message sent by the patient (or the patient's authorized representative).

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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, the patient's authorized representatives, or in response to a secure message sent by the patient.

**Measure Threshold:** The resulting percentage must be more than 35 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusion:** Any EP who has no office visits during the EHR reporting period may exclude from the 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 from the measure.

Any eligible hospital or CAH operating in a location 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 from the measure.

**Proposed Measure 3:** Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for more than 15 percent of all unique patients seen by the EP or discharged by the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**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 certified EHR technology into the patient record.

**Measure Threshold**: The resulting percentage must be more than 15 percent in order for an EP, eligible hospital, or CAH to meet this measure.

**Measure Exclusion**: Any EP who has no office visits during the EHR reporting period may exclude from the 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 from the measure. Any eligible hospital or CAH operating in a location 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 from the measure.
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, retrieves a summary of care record 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 certified EHR technology.

Proposed Measures: We are proposing that providers must attest to the numerator and denominator for all three measures, but would only be required to successfully meet the threshold for two of the three proposed measures to meet the Health Information Exchange Objective.

Proposed 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.

To calculate the percentage of the first measure, CMS and ONC have worked together to define the following for this measure:

Measure Denominator: Number of transitions of care and referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's 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.

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

Measure Exclusion: An EP neither transfers a patient to another setting nor refers a patient to another provider 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.

Proposed 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 from a source other than the provider’s EHR system.

To calculate the percentage of the second measure, CMS and ONC have worked together to define the following for this measure:
Proposed 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:

- Medication. Review of the patient’s medication, including the name, dosage, frequency, and route of each medication.
- Medication allergy. Review of the patient’s known allergic medications.
- Current Problem list. Review of the patient’s current and active diagnoses.

To calculate the percentage, CMS and ONC have worked together to define the following for this measure:

**Measure Denominator:** Number of transitions of care or referrals during the EHR reporting period for which the EP or eligible hospital's or CAH's 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. 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.
Objective 8: Public Health and Clinical Data Registry Reporting

The EP, eligible hospital, or CAH is in active engagement with a PHA or CDR to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.

Active Engagement Option 1 – Completed Registration to Submit Data: The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation.

Active Engagement Option 2 - Testing and Validation: The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data.

Active Engagement Option 3 – Production: The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Proposed Measures: We are proposing a total of six possible measures for this objective. EPs would be required to choose from measures 1 through 5, and would be required to successfully attest to any combination of three measures. Eligible hospitals and CAHs would be required to choose from measures one through six, and would be required to successfully attest to any combination of four measures. The measure are as shown in the table below:

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 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 a non-urgent care ambulatory setting for EPs, or an emergency or urgent care department for eligible hospitals and CAHs (POS 23).

Exclusion for EPs for Measure 2: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (1) does not treat or diagnose or directly treat any disease or condition associated with a syndromic surveillance system in their jurisdiction; (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 at the start of the EHR reporting period.

Exclusion for eligible hospitals/CAHs for Measure 2: 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 at the start of the EHR reporting period.

**Measure 3 - Case Reporting:** The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.

**Exclusion for Measure 3:** 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 at the start of the EHR reporting period.

**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.

**Exclusions for Measure 4:** 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 at the beginning of the EHR reporting period.

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

**Exclusions for Measure 5:** 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 at the beginning of the EHR reporting period.

**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. This measure is available to eligible hospitals and CAHs only.

**Exclusion for Measure 6:** 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 at the start of the EHR reporting period.