## 2018 Modified Stage 2 Meaningful Use Criteria for Eligible Professionals (EPs)*

- In order for an EP to be considered a meaningful electronic health record (EHR) user, at least 50% of the EP’s patient encounters during the EHR reporting period must occur at a practice/location or practices/locations equipped with certified electronic health record technology (CEHRT).
- EPs who do not conduct 50% of their patient encounters in any one practice/location would have to meet the 50% threshold through a combination of practices/locations equipped with CEHRT.
- EPs who do not meet this criterion are not eligible to participate in the EHR Incentive Program.
- To meet Modified Stage 2 requirements for 2018, EPs may use 2014 Edition CEHRT, 2015 Edition CEHRT, or a combination of 2014 and 2015 Edition CEHRT, as long as the EHR technology they possess can support the objectives and measures to which they plan to attest.

### SOURCE: CMS EHR INCENTIVE PROGRAM FINAL RULE

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<tr>
<td>1. Protect Patient Health Information</td>
<td>Conduct or review a security risk analysis per 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of electronic personal health information (ePHI) created or maintained in CEHRT in accordance with 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the EP’s risk management process. The security risk analysis must be unique for each EHR reporting period, the scope must include the full EHR reporting period, and must be conducted within the calendar year of the EHR reporting period (Jan. 1–Dec. 31).</td>
<td>No exclusion</td>
<td>No exclusion</td>
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<td>2. Clinical Decision Support (CDS)</td>
<td>In order for EPs to meet the objective, they must satisfy both of the measures in the next column:</td>
<td>Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</td>
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<td><strong>Measure 1:</strong> Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP’s scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. <strong>Measure 2:</strong> The EP has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</td>
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<td>3. Computerized Provider Order Entry (CPOE)</td>
<td><strong>Measure 1</strong>: More than 60% of medication orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</td>
<td><strong>Exclusion</strong>: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</td>
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<td><strong>Measure 2</strong>: More than 30% of laboratory orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</td>
<td><strong>Exclusion</strong>: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</td>
<td><strong>Exclusion</strong>: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</td>
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<td><strong>Measure 3</strong>: More than 30% of radiology orders created by the EP during the EHR reporting period are recorded using computerized provider order entry.</td>
<td><strong>Exclusion</strong>: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</td>
<td><strong>Exclusion</strong>: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</td>
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| 4. Electronic Prescribing | More than 50% of permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. | **EXCLUSIONS**: Any EP who —  
- Writes fewer than 100 permissible prescriptions during the EHR reporting period.  
OR  
- Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his or her EHR reporting period. | **EXCLUSIONS**: Any EP who —  
- Writes fewer than 100 permissible prescriptions during the EHR reporting period.  
OR  
- Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP’s practice location at the start of his or her EHR reporting period. |
| 5. Health Information Exchange (Formerly Transition of Care) | The EP who transitions or refers their patient to another setting of care or provider of care must (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.  
**Definition**: The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the EP. | **Exclusion**: Any EP who transfers a patient to another setting or refers a patient to another provider fewer than 100 times during the EHR reporting period. | **Exclusion**: Any EP who transfers a patient to another setting or refers a patient to another provider fewer than 100 times during the EHR reporting period. |

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<td>6. Patient-Specific Education</td>
<td>Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</td>
<td>Exclusion: Any EP who has no office visits during the EHR reporting period.</td>
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<td>7. Medication Reconciliation</td>
<td>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.</td>
<td>Exclusion: Any EP who was not the recipient of any transition of care during the EHR reporting period.</td>
<td>Exclusion: Any EP who was not the recipient of any transition of care during the EHR reporting period.</td>
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| 8. Patient Electronic Access (VDT) | Provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. EPs must satisfy both measures in order to meet this objective. | Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information. | Measure 1 Exclusion: Any EP who —
  - Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider's name and office contact information.”

Measure 2 Exclusions: Any EP who —
  - Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider's name and office contact information.”
  - Conducts 50% or more of his or her patient encounters in a county that does not have 50% 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. | Measure 1 Exclusion: Any EP who —
  - Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider's name and office contact information.”

Measure 2 Exclusions: Any EP who —
  - Neither orders nor creates any of the information listed for inclusion as part of the measures except for “Patient Name” and “Provider's name and office contact information.”
  - Conducts 50% or more of his or her patient encounters in a county that does not have 50% 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. |
| 9. Secure Messaging | For an EHR reporting period in 2018, for more than 5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging function of CEHRT 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. | Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% 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. | Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% 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. |

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| 10. Public Health Reporting | **Measure Option 1 – Immunization Registry Reporting**: The EP is in active engagement with a public health agency to submit immunization data. | **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:  
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period. | **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP:  
- Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period.  
- Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
- Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP at the start of the EHR reporting period. |
|  | **Measure Option 2 – Syndromic Surveillance Reporting**: The EP is in active engagement with a public health agency to submit syndromic surveillance data. | **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:  
- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
- 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. | **Exclusions**: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:  
- Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.  
- Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.  
- 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. |

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### OBJECTIVE

**NOTE:** An EP may report to more than one specialized registry and may count specialized registry reporting more than once to meet the required number of measures for the objective.

### MEASURE

**Measure Option 3 — Specialized Registry Reporting:** The EP is in active engagement to submit data to a specialized registry.

### STAGE 1

**Exclusions:** Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

### STAGE 2

**Exclusions:** Any EP meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP:
- Does not diagnose or treat any disease or condition associated with, or collect relevant data that is collected by, a specialized registry in their jurisdiction during the EHR reporting period.
- Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period.
- Operates in a jurisdiction where no specialized registry for which the EP is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

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**Clinical Quality Measures:** EPs must report a total of 6 Clinical Quality Measures relevant to the scope of their practice. The approved list of Clinical Quality Measures can be found at the CMS eCQI Resource Center.