

2015 Edition §170.315(g)(2) Automated Measure Collection

Testing Components:



Gap







ONC
Supplied
Test Data

Test Procedure Version 1.0 – Last Updated 1/29/16

Please consult the Final Rule entitled: *2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications* for a detailed description of the certification criterion with which these testing steps are associated. We also encourage developers to consult the Certification Companion Guide in tandem with the test procedure as they provide clarifications that may be useful for product development and testing.

Note: The order in which the test steps are listed reflects the sequence of the certification criterion and does not necessarily prescribe the order in which the test should take place

Required Tests

The following table provides a description of the Stage 2 2015 – 2017 and Stage 3 Medicare and Medicaid Electronic Health Record (EHR) Incentive Program objectives supported by the measure calculation (§170.315(g)(2)) and numerator recording (§170.315(g)(1)) certification criteria.

Meaningful Use Stage 2 2015 – 2017 and Stage 3 Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
Required Test 1 Stage 2 Objective 4 and Stage 3 Objective 2	§170.315(b)(3) Electronic Prescribing §170.315(a)(10) Drug- Formulary and Preferred Drug List Checks	
Required Test 2 Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1	§170.315(e)(1) View, Download, and Transmit to 3rd party §170.315(g)(7) Application access – patient selection §170.315(g)(8) Application access – data category request §170.315(g)(9) Application access – all data request	§170.315(g)(7) Application access – patient selection, §170.315(g)(8) Application access – data category request, §170.315(g)(9) Application access – all data request support the Stage 3 measure only

Meaningful Use Stage 2 2015 – 2017 and Stage 3 Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
Required Test 3 Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2	§170.315(a)(13) Patient-Specific Education Resources	
Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1	§170.315(e)(1) View, Download and Transmit to 3 rd party §170.315(g)(7) Application access – patient selection §170.315(g)(8) Application access – data category request §170.315(g)(9) Application access – all data request	§170.315(g)(7) Application access – patient selection, §170.315(g)(8) Application access – data category request, §170.315(g)(9) Application access – all data request support the Stage 3 measure only
Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3	§170.315(b)(2) Clinical information reconciliation	§170.315(b)(1) Transitions of care – receive, display, and incorporate summary care records may support electronic receipt of transitions of care/referral summaries
	OR §170.315(b)(2) Optional - clinical information reconciliation and incorporation (CIRI)	
Required Test 6 Stage 3 Objective 6 Measure 3	§170.315(e)(3) Patient Health Information Capture	
Required Test 7 Stage 3 Objective 7 Measure 2	§170.315(b)(1) Transitions of Care	
Required Test 8 Stage 2 Objective 5 and Stage 3 Objective 7 Measure 1	§170.315(b)(1) Transitions of Care	

Meaningful Use Stage 2 2015 – 2017 and Stage 3 Percentage-Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Meaningful Use Percentage-based measure(s)	Comments, Additional Certification Criteria
Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2	§170.315(e)(2) Secure Messaging	
Required Test 10 Stage 2 Objective 3 Measure 1 and Stage 3 Objective 4 Measure 1	§170.315(a)(1) Computerized Provider Order Entry (CPOE) – Medications	
Required Test 11 Stage 2 Objective 3 Measure 2 and Stage 3 Objective 4 Measure 2	§170.315(a)(2) CPOE – Laboratory	
Required Test 12 Stage 2 Objective 3 Measure 3 and Stage 3 Objective 4 Measure 3	§170.315(a)(3) CPOE – Diagnostic Imaging	

(g)(2) Automated measure calculation. For each EHR Incentive Programs percentage-based measure that is supported by a capability included in a technology, record the numerator and denominator and create a report including the numerator, denominator, and resulting percentage associated with each applicable measure.

Standards:

None.

Organization:

The tests are organized as follows:

- 1 through 6 are global sections to address required capabilities across any or all modules that can be demonstrated once for each module, combination of modules, or complete set of modules of the Health IT Module being tested.
- The remainder are measure-specific sections to address required capabilities for each measure.

For tests 1 through 6 (global sections):

Within the global sections, the test procedure addresses the capability of the Health IT Module to create reports for measures for a specified reporting period. For Inpatient settings, this test procedure addresses the capability for the Health IT Module to allow eligible hospitals and critical access hospitals to calculate emergency department (ED) admissions using one of two methods (observation services method vs. all ED visits method).

For Measure-Specific Sections:

Within each of the measure-specific sections, the test procedure addresses the capabilities to record the numerator and denominator and resulting percentage for §170.315(g)(2) for each measure for both Stage 2 2015 – 2017 and Stage 3 of meaningful use:

- Record – evaluates the capability to electronically record the numerator and denominator for each meaningful use objective with a percentage-based measure.
 - The health IT developer identifies the method(s) by which the Health IT Module records all numerator and denominator measure elements for each measure.
 - The tester records all numerator and denominator measure elements for the method(s) by which the Health IT Module records the numerator and denominator for each measure.
 - The tester verifies that the numerator and denominator, as applicable to §170.315(g)(2), recorded are accurate and complete, based on the measure elements described in the Test.

Within each of the measure-specific sections, the test procedures address the capabilities to report each measure for both Stage 2 2015 – 2017 and Stage 3 of meaningful use:

- Report – evaluates the capability to create a report that includes the numerator, denominator, and resulting percentage for §170.315(g)(2) associated with each percentage-based meaningful use measure.
 - The user enters the test patients designated by the Test Data Scenario 1 for each measure (i.e. User setup prior to testing).
 - Using the identified functions of the Health IT Module, the tester creates a report that includes the numerator, denominator, and resulting percentage for each measure based on the supplied test data from Test Data Scenario 1 (baseline measure report).
 - The tester records the numerator, denominator, and resulting percentage for each measure.
 - The tester selects at least one Test Case for each meaningful use measure from Test Data Scenario 2 to modify the numerator of patients entered from Test Data Scenario 1; the tester enters the information for the Test Case(s) selected.
 - The tester selects a range of Test Cases for each meaningful use measure from Test Data Scenario 3 to populate the numerator and denominator of new or existing patients; the tester enters the information for the Test Case(s) selected.
 - The tester selects a range of Test Cases for each meaningful use measure from Test Data Scenario 4 to populate the denominator only of new patients or existing patients; the tester enters the information for the Test Case(s) selected.
 - The tester selects a range of Test Cases for each meaningful use measure from Test Data Scenario 5 that does not populate the numerator or denominator of new or existing patients from Test Data Scenarios 1, 2, 3, and/or 4; the tester enters the information for the Test Case(s) selected.

- Using the identified function of the Health IT Module, the user creates the report that includes the numerator, and denominator and resulting percentage associated with each percentage-based meaningful use measure based on the health IT developer supplied test data and the supplied test data (delta report).
- The tester verifies that the increments in the numerator and denominator, and the resulting percentage produced in the delta report are accurate and complete and represent the expected increments in comparison to the baseline measure report, based on the health IT developer supplied test data and added tester-selected test data set from the supplied test data, and reflecting the method(s) used to populate the numerator and denominator. The tester uses the English Statements described in the Test Guide for each measure.

Each measure-specific Test Description provides a Measure Element list and English Statements for each measure. The English Statements derive from the CMS Stage 2 2015 – 2017 and Stage 3 final rule definitions of a measure’s numerators and denominators. The Measure Element list deconstructs the English Statements to provide the discrete measure elements for recording the numerator and denominator.

The test data for §170.315(g)(2) are previously supplied. ONC supplies Test Cases to be used during the test, and the Health IT developer supplies information as directed in the test data. The test data is organized into 5 Test Data Scenarios. Within each Test Data scenario are Test Cases (designated as 1.1 to 5.x). Each notation represents a single Test Case. The first Test Data Scenario requires set up and all Test Cases (1.1 to 1.x) are provided for the user in preparation for testing. In subsequent Test Data Scenarios (2-5), the tester shall select one or more Test Cases from each scenario (e.g. 2.x, 3.x, 4.x, 5.x) to demonstrate different combinations of populating the numerator and denominator.

CMS clarified in FAQ 8231 and the final rule that criteria for a numerator is not constrained to the EHR reporting period unless expressly stated in the numerator statement for a given meaningful measure, and the numerator action may reasonably fall outside the EHR reporting period timeframe but must take place no earlier than the start of the reporting year and no later than the date of attestation in order for the patients to be counted in the numerator. As such, actions occurring after the end of the reporting period calendar year but prior to the date of attestation may count in the numerator. For applicable measures, the test data has been built to verify that a Health IT Module can record the numerator correctly for each scenario. The test data does not specifically test actions that occur before the start of the reporting period, but health IT developers will be required to submit documentation that demonstrates they have this capability on applicable measures.

Criteria ¶	System Under Test	Test Lab Verification
<p>(g)(2)</p>	<ol style="list-style-type: none"> 1. The user, using the identified Health IT Module functions and the supplied Test Data Scenario(s), is able to record values and create reports for the following reporting periods (at a minimum): <ol style="list-style-type: none"> a) Eligible Professional Reports and/or Eligible Hospital/Critical Access Hospital Reports: Any 90 consecutive days within a calendar year, including 90 day periods that span across more than 3 months; calendar year quarters (first, second, third, fourth); and calendar year. 2. The health IT developer identifies the method(s) by which the Health IT Module records all numerator and denominator measure elements for each measure. 3. The user enters the test patients designated by the Test Data Scenario 1 for each measure (i.e. user setup prior to testing). The user creates a report that includes the numerator, denominator and percentages for each measure based on the supplied test data from Test Data Scenario 1 (baseline measure report). 4. The user enters a range of selected Test Cases for each meaningful use measure from Test Scenarios 2 through 5. Using the Health IT Module identified functions, the user creates the report that includes the numerator, denominator and percentages associated with each percentage-based meaningful use measure based on the Health IT developer-supplied test data and the supplied test data (delta report). 5. (Ambulatory only) The user creates a report for two Eligible Professionals (these may be two separate reports) and increments the numerator of patients entered for one of the two Eligible Professionals. <p style="text-align: right;">Continued on the next page</p>	<ol style="list-style-type: none"> 1. The tester verifies that the Health IT Module is able to accurately adjust the reporting period types and that the numerator, denominator, and percentage information is accurate and complete for each reporting period and meaningful use stage. 2. The tester verifies that the numerators, denominators, and percentages recorded, as applicable to §170.315(g)(2), are accurate and complete, based on the measure elements described in the Test. 3. The tester verifies that the increments in the numerator and denominator produced in the delta report are accurate and complete and represent the expected increments in comparison to the baseline measure report, and that the percentage is correct, based on the Health IT developer-supplied test data and added tester-selected test data set from the supplied test data, and reflecting the method(s) used to populate the numerator, denominator and percentages (g2). The tester uses the English Statements described in the Test Guide for each measure. 4. (Ambulatory only) The tester verifies the creation of report(s) for two Eligible Professionals that includes the chosen Test Data Scenario, and that the numerator, denominator, and percentages are created correctly and without omission. <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>(g)(2), continued</p>	<p>Continued from previous page</p> <p>6. (Inpatient Only) The user creates a report using both methods for inpatient admission:</p> <ul style="list-style-type: none"> a) Observation Services Method b) All emergency department (ED) Visits Method <p>The Measure-specific Derived Test Requirements in Global Section Test 3 apply to all measures in Table 1 above, and includes the following patient and encounter information types:</p> <ul style="list-style-type: none"> (A) Direct admission to inpatient department. (B) Admitted to the ED and then admitted to the inpatient department. (C) Admitted to the ED and discharged from the ED. (D) Admitted to the ED and received observation services and then admitted to the inpatient department. (E) Admitted to the inpatient department upon receiving observation services in the outpatient department of the hospital. 	<p>Continued from previous page</p> <p>5. (Inpatient only) The tester verifies the following:</p> <ul style="list-style-type: none"> a) That calculation of the Observation Services Method is accurate and includes test patients with types A, B, D and E listed in Step 6 of System Under Test. b) That calculation of the All ED Visits Method is accurate and includes test patients with the information types listed in Step 6 of System Under Test.

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 1 Stage 2 Objective 4 and Stage 3 Objective 2</p>	<p>The user records and reports a baseline report and a delta report. Any prescriptions written by the EP in an ambulatory setting, or discharge medication orders in an inpatient setting, will populate the numerator once per prescription transmitted electronically and queried for a drug formulary during the reporting period for a patient who was seen/admitted during the reporting period.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <ol style="list-style-type: none"> a. Eligible Professional (EP): More than 50 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using Certified Health IT; b. Eligible Hospital/Critical Access Hospital (EH/CAH): More than 10 percent of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using Certified Health IT. <p><i>Stage 2 Measure English Statements:</i></p> <ol style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically. • Denominator: Number of permissible prescriptions written during the EHR reporting period for drugs requiring a prescription in order to be dispensed. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator, and resulting percentages, are created correctly and without omission and include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in required Test 1 and use ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 1 Stage 2 Objective 4 and Stage 3 Objective 2, continued</p>	<p>Continued from the previous page</p> <p>b. Inpatient</p> <ul style="list-style-type: none"> • Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically. • Denominator: Number of new or changed permissible prescriptions written for drugs requiring a prescription in order to be dispensed for patients discharged during the EHR reporting period. <p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> • Ambulatory: <ul style="list-style-type: none"> ○ Numerator: Prescription generated, queried for a formulary and transmitted electronically ○ Denominator: Prescriptions generated • Inpatient: <ul style="list-style-type: none"> ○ Numerator: Prescription generated, queried for a formulary and transmitted electronically ○ Denominator: Prescriptions generated <p><i>Stage 3 Measure:</i></p> <p>a. Eligible Professional (EP): More than 60 percent of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>b. Eligible Hospital/Critical Access Hospital (EH/CAH): 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.</p> <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 1 Stage 2 Objective 4 and Stage 3 Objective 2, continued</p>	<p>Continued from the previous page <i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> a. Ambulatory <ul style="list-style-type: none"> • Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT. • Denominator: The 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. b. Inpatient: <ul style="list-style-type: none"> • Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary and transmitted electronically. • 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. <p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically • Denominator: Prescriptions generated b. Inpatient: <ul style="list-style-type: none"> • Numerator: Prescription generated, queried for a formulary and transmitted electronically • Denominator: Prescriptions generated. 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 2 Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied View, Download, Transmit (VDT) List, records and reports a baseline report and a delta report. The act of giving a patient timely online access to his or her health information will populate the numerator if:</p> <p>Stage 2: the information is made available within 4 business days after the information is made available to the EP or within 36 hours of discharge from the EH/CAH, for patients seen by the EP or discharged from the inpatient or emergency department (POS 21 or 23) of the EH/CAH during the reporting period</p> <p>Stage 3: the information is made available to the patient within 48 hours of its availability to the provider for an EP or within 36 hours of its availability to the provider for an eligible hospital or CAH.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <ol style="list-style-type: none"> a. Eligible Professional (EP): More than 50 percent 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. b. Eligible Hospital/Critical Access Hospital (EH/CAH): More than 50 percent of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the Health IT Module functions makes information available online for patient viewing within the timelines specified, and includes all of the following information.</p> <p>Stage 2 Ambulatory Setting Only:</p> <ol style="list-style-type: none"> a) Patient name b) Provider's name and office contact information c) Current and past problem list d) Procedures e) Laboratory test results f) Current medication list and medication history g) Current medication allergy list and medication allergy history h) Vital signs (height, weight, blood pressure, BMI, growth charts) i) Smoking status j) Demographic information (preferred language, sex, race, ethnicity, date of birth) k) Care plan field(s), including goals and instructions l) Any known care team members including the primary care provider (PCP) of record <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 2 Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1, continued</p>	<p>Continued from the previous page <i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of patients in the denominator who have access to view online, download and transmit their health information within 4 business days after the information is available to the EP. • Denominator: Number of unique patients seen by the EP during the EHR reporting period. b. Inpatient: <ul style="list-style-type: none"> • Numerator: The number of patients in the denominator who have access to view, download, and transmit their health information within 36 hours after the information is available to the eligible hospital or CAH. • Denominator: Number of unique patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period. <p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Date and time information available to the EP; ○ Date and time information made available online to patient • Denominator: Number of patients seen by EP b. Inpatient: <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Date and time information made available online to patient; ○ Date and time of discharge • Denominator: Number of patients discharged from the EH or CAH <p style="text-align: right;">Continued on the next page</p>	<p>Continued from the previous page</p> <p>Stage 2 Inpatient Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Admit and discharge date and location. c) Reason for hospitalization d) Care team including the attending of record as well as other providers of care e) Procedures performed during admission f) Current and past problem list g) Current medication list and medication history h) Current medication allergy list and medication allergy history i) Vital signs at discharge j) Laboratory test results (available at time of discharge) k) Summary of care record for transitions of care or referrals to another provider l) Care plan field(s), including goals and instructions. m) Discharge instructions for patient n) Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language) o) Smoking status <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 2 Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a. Eligible Professional (EP): For more than 80 percent of all unique patients seen by the EP: (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. b. Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 80 percent of all unique patients 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. <p><i>Stage 3 English Statements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • 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 meet the technical specifications of the API in the provider's CEHRT. • Denominator: The number of unique patients seen by the EP during the EHR reporting period. <p style="text-align: right;">Continued on the next page</p>	<p>Continued from the previous page</p> <p>Stage 3</p> <ul style="list-style-type: none"> a) Common Clinical Data Set (which should be in their English representation) b) Provider’s name and office contact information (ambulatory setting only) c) Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization (inpatient setting only) d) Laboratory test report(s) e) Diagnostic image report(s) <p>The tester verifies that the baseline and delta reports, including the numerator, denominator, and resulting percentages, are created correctly and without omission and include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations.</p> <p>The tester also verifies that the numerator is not populated when provider action(s) to release information online are completed after 4 business days of availability for EPs or 36 hours of discharge for EH/CAHs. The tester shall also verify that the numerator is not populated when the provider does not take any action(s) to release patient information online. The tester will use the information provided in Required Test 2 and use ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p> <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 2 Stage 2 Objective 8 Measure 1 and Stage 3 Objective 5 Measure 1, continued</p>	<p>Continued from the previous page</p> <p>b. Inpatient:</p> <ul style="list-style-type: none"> • 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 meet the technical specifications of the API in the provider's CEHRT. • Denominator: 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. <p><i>Stage 3 Measure Elements:</i></p> <p>a. Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Date and time information available to the EP; ○ Date and time information made available online to patient. • Denominator: Number of patient seen by the EP <p>b. Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Date and time information made available online to patient; ○ Date and time of discharge • Denominator: Number of patients discharged from the EH or CAH 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 3 Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Patient Education List, records and reports a baseline report and a delta report. For the 2015 – 2017 Stage 2 measure and the Stage 3 measure, for the Health IT Module to populate the numerator, the provider must provide patient-specific resources identified by the Health IT Module no earlier than the first day of the calendar year of the reporting period (for a 90-day reporting period only), during the reporting period (for a 90-day and full calendar year reporting period), or no later than the date of attestation (for a 90-day and full calendar year reporting period).</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): Patient-specific education resources identified by Certified Health IT Module (CEHRT) are provided to patients for more than 10 percent of all unique patients with office visits seen by the EP during the reporting period b) Eligible Hospital/Critical Access Hospital (EH/CAH): More than 10 percent of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources identified by Certified Health IT Module. <p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of patients in the denominator who were provided patient-specific education resources identified by the EHR technology • Denominator: Number of unique patients with office visits seen by the EP during the EHR reporting period. <p style="text-align: right;">Continued on the next page</p>	<ul style="list-style-type: none"> • The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 3 and use ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 3 Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2, continued</p>	<p>Continued from the previous page</p> <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of patients in the denominator who are subsequently provided patient-specific education resources identified by CEHRT • Denominator: Number of unique patients admitted to the eligible hospital or CAH inpatient or emergency departments (POS 21 or 23) during the EHR reporting period. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory</p> <ul style="list-style-type: none"> • Numerator: Provision of patient specific education resource(s) identified by the CEHRT • Denominator: Number of patients with visits to the EP <p>b) Inpatient</p> <ul style="list-style-type: none"> • Numerator: Provision of patient specific education resource(s) identified by the CEHRT • Denominator: Number of patient’s admitted to the EH or CAH <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Provider/Eligible Hospital/CAH (EP/EH/CAH): 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.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient</p> <ul style="list-style-type: none"> • 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 <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 3 Stage 2 Objective 6 and Stage 3 Objective 5 Measure 2, continued</p>	<p>Continued from the previous page</p> <ul style="list-style-type: none"> • 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. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient</p> <ul style="list-style-type: none"> • Numerator: Provision of electronic access to patient specific education resource(s) identified by the CEHRT • Denominator: <ul style="list-style-type: none"> a. Number of patients seen by the EP b. Number of patients discharged from the EH or CAH 	<p>See previous page.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied View, Download, Transmit (VDT) List, records and reports a baseline report and a delta report. For the 2015 – 2017 Stage 2 measure, for the Health IT Module to populate the numerator, the patient must view, download, or transmit their health information no earlier than the first day of the calendar year of the reporting period (for a 90-day reporting period only), during the reporting period (for a 90-day and full calendar year reporting period), or no later than the date of attestation (for a 90-day and full calendar year reporting period). For the Stage 3 measure, for the Health IT Module to populate the numerator, the patient must view, download, or transmit their health information or access their health information through an API during the reporting period.</p> <p>Measure Description <i>Stage 2 Measures:</i></p> <ul style="list-style-type: none"> a. Eligible Professional (EP): For an EHR reporting period in 2017, more than 5 percent of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information. • Eligible Hospital/Critical Access Hospital (EH/CAH): For an EHR reporting period in 2017, more than 5 percent of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) view, download or transmit to a third party their health information. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the Health IT Module functions makes the following information available:</p> <p>Stage 2 Ambulatory Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Provider’s name and office contact information c) Current and past problem list d) Procedures e) Laboratory test results f) Current medication list and medication history g) Current medication allergy list and medication allergy history h) Vital signs (height, weight, blood pressure, BMI, growth charts) i) Smoking status j) Demographic information (preferred language, sex, race, ethnicity, date of birth) k) Care plan field(s), including goals and instructions l) Any known care team members including the primary care provider (PCP) of record <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1, continued</p>	<p>Continued from the previous page <i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a. Ambulatory : <ul style="list-style-type: none"> • Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information. • Denominator: Number of unique patients seen by the EP during the EHR reporting period. b. Inpatient: <ul style="list-style-type: none"> • Numerator: The number of patients (or patient-authorized representative) in the denominator who view, download, or transmit to a third party their health information. • Denominator: Number of unique patients discharged from the inpatient or emergency department (POS 21 or 23) of the eligible hospital or CAH during the EHR reporting period. <p><i>Stage 2 Measure Elements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • Numerator: Number of patients/authorized representative that view, download or transmit their information. • Denominator: Number of patients seen by the EP b. Inpatient: <ul style="list-style-type: none"> • Numerator: Number of patients/authorized representative that view download or transmit their information. • Denominator: Number of patients discharged from the EH or CAH <p style="text-align: right;">Continued on the next page</p>	<p>Continued from the previous page</p> <p>Stage 2 Inpatient Setting Only:</p> <ul style="list-style-type: none"> a) Patient name b) Admit and discharge date and location. c) Reason for hospitalization d) Care team including the attending of record as well as other providers of care e) Procedures performed during admission f) Current and past problem list g) Current medication list and medication history h) Current medication allergy list and medication allergy history i) Vital signs at discharge j) Laboratory test results (available at time of discharge). k) Summary of care record for transitions of care or referrals to another provider l) Care plan field(s), including goals and instructions. m) Discharge instructions for patient n) Demographics maintained by hospital (sex, race, ethnicity, date of birth, preferred language) o) Smoking status <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> a. Eligible Provider (EP): During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) seen by the EP 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). b. Eligible Hospital/Critical Access Hospital (EH/CAH) : During the EHR reporting period, more than 10 percent of all unique patients (or their authorized representatives) 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). <p><i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> a. Ambulatory: <ul style="list-style-type: none"> • 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. <p style="text-align: right;">Continued on the next page</p>	<p>Continued from the previous page</p> <p>Stage 3</p> <ul style="list-style-type: none"> a) Common Clinical Data Set (which should be in their English representation) b) Provider's name and office contact information (ambulatory setting only) c) Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization (inpatient setting only) d) Laboratory test report(s) e) Diagnostic image report(s) <p>The tester verifies that the baseline and delta reports, including the numerator, denominator, and resulting percentages, are created correctly and without omission and include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations.</p> <p>The tester also verifies that the numerator is not populated when provider action(s) to release information online are completed after 4 business days of availability for EPs or 36 hours of discharge for EH/CAHs. The tester shall also verify that the numerator is not populated when the provider does not take any action(s) to release patient information online. The tester will use the information provided in Required Test 4 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 4 Stage 2 Objective 8 Measure 2 and Stage 3 Objective 6 Measure 1, continued</p>	<p>Continued from the previous page</p> <ul style="list-style-type: none"> • Denominator: Number of unique patients seen by the EP during the EHR reporting period. <p>b. Inpatient:</p> <ul style="list-style-type: none"> • 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. • Denominator: Number of unique patients discharged from an eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a. Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Number of patients that view, transmit or download their information; ○ Number of patients that access their information via API. • Denominator: Number of patients seen by the EP <p>b. Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Number of patients that view, transmit or download their information; ○ Number of patients that access their information via API. • Denominator: Number of patients discharged from the EH or CAH <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Medication Reconciliation, Medication Allergy (Stage 3 only), and Current Problem (Stage 3 only) test data, records and reports a baseline report and a delta report. Medication reconciliation will populate the numerator if it is performed for a transition of care that is received during the reporting period. For the 2015 – 2017 Stage 2 measure and the Stage 3 measure, the Health IT Module will populate the numerator if the provider performs reconciliation no earlier than the first day of the calendar year of the reporting period (for a 90-day reporting period only), during the reporting period (for a 90-day and full calendar year reporting period), or no later than the date of attestation (for a 90-day reporting period only).</p> <p>Measure Description</p> <p><i>Stage 2 Measures:</i></p> <ul style="list-style-type: none"> a) Eligible Professional (EP): The EP performs medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the reporting period. b) Eligible Hospital/Critical Access Hospital (EH/CAH): The eligible hospital or CAH performs medication reconciliation for more than 50 percent of transitions of care in which the patient is admitted to the eligible hospital's or CAH's Inpatient or emergency department (POS 21 or 23) during the reporting period. <p><i>Stage 2 Measure English Statements:</i></p> <ul style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • Numerator: The number of transitions of care in the denominator where medication reconciliation was performed • Denominator: Number of transitions of care during the EHR reporting period for which the EP was the receiving party of the transition. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 5 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3, continued</p>	<p>Continued from the previous page</p> <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of transitions of care in the denominator where medication reconciliation was performed • Denominator: Number of transitions of care during the EHR reporting period for which the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) was the receiving party of the transition. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Number of occurrences of user indication that medication reconciliation occurred • Denominator: <ul style="list-style-type: none"> ○ Provision of summary of care record of any type for an existing patient ○ Number of transitions of care for which the EP was the receiving party. <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of occurrences of user indication that medication reconciliation occurred • Denominator: Number of transitions of care for which the EH or CAH was the receiving party. <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <ol style="list-style-type: none"> a) Eligible Professional (EP): 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 performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (a) Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (b) Review of the patient's known medication allergies; and (c) Review of the patient's current and active diagnoses. b) Eligible Hospital/Critical Access Hospital (EH/CAH): For more than 80 percent of transitions or referrals received and patient encounters in which the EH/CAH has never before encountered the patient, the EH/CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets: (a) Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (b) Review of the patient's known medication allergies; and (c) Current Problem list. Review of the patient's current and active diagnoses. <p><i>Stage 3 Measure English Statements:</i></p> <ol style="list-style-type: none"> a) Ambulatory: <ul style="list-style-type: none"> • 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. • Denominator: Number of transitions of care or referrals during the EHR reporting period for which the EP was the recipient of the transition or referral or has never before encountered the patient. <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 5 Stage 2 Objective 7 and Stage 3 Objective 7 Measure 3, continued</p>	<p>Continued from the previous page</p> <p>b) Inpatient:</p> <ul style="list-style-type: none"> • 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. • Denominator: Number of transitions of care or referrals during the EHR reporting period for which the 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. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ Number of occurrences of user indication that medication, medication allergy, and problem list reconciliation occurred • Denominator: <ul style="list-style-type: none"> ○ Provision of summary of care record of any type for an existing patient ○ Number of transitions of care or referrals for which the EP was the recipient <p>b) Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of occurrences of user indication that medication, medication allergy, and problem list reconciliation occurred • Denominator: Number of transitions of care or referrals for which the EH or CAH was the recipient 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 6 Stage 3 Objective 6 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Coordination of Care Data, records and reports a baseline report and a delta report. The Health IT Module will populate the numerator when patient generated data, or data from a non-clinical setting are incorporated during the reporting period.</p> <p>Measure Description <i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): 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.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • 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. • 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. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Number of patients with non-clinical data is incorporated into the record • Denominator: Number of unique patients seen 	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester will use the information provided in Required Test 6 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 7 Stage 3 Objective 7 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Summary of Care Incorporation Data, records and reports a baseline report and a delta report. The Health IT Module will populate the numerator when the provider receives and incorporates a summary of care record no earlier than the first day of the calendar year of the reporting period (for a 90-day reporting period only), during the reporting period (for a 90-day and full calendar year reporting period), or no later than the date of attestation (for a 90-day reporting period only).</p> <p>Measure Description <i>Stage 3 Measure:</i></p> <p>a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): 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.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • 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. • 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. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 7 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5</p> <p style="text-align: right;">Continued on the next page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 7 Stage 3 Objective 7 Measure 2, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Summary of care record <ul style="list-style-type: none"> ○ Requested and unavailable ○ Received through query or request ○ Incorporated into the record <p>b) Denominator: Number of patient encounters where the EP, EH or CAH was the receiving party of a transition or referral</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 8 Stage 2 Objective 5 and Stage 3 Objective 7 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied Summary of Care List, records and reports a baseline report and a delta report. For the Stage 2 2015 – 2017 measure and Stage measure, the Health IT Module will populate the numerator when a provider creates and transmits/exchanges a summary of care record, and confirms receipt of the transmitted/exchanged summary of care record, no earlier than the first day of the calendar year of the reporting period (for a 90-day reporting period only), during the reporting period (for a 90-day and full calendar year reporting period), or no later than the date of attestation (for a 90-day reporting period only).</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <p>a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): The EP, eligible hospital or CAH that 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 percent of transitions of care and referrals.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically. • 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. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 8 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p> <p>The tester shall verify that at a minimum, the following fields (listed below) in the summary of care record contain all of the information (or an indication of none) prior to numerator population. If a summary of care record does not contain all of the information (or an indication of none), the numerator should not be populated for both Ambulatory & Inpatient Settings:</p> <ol style="list-style-type: none"> a. Current problem list b. Current medication list c. Current medication allergy list

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 8 Stage 2 Objective 5 and Stage 3 Objective 7 Measure 1, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Summary of care record created and exchanged b. Summary of care record receipt confirmed • Denominator: Number of transitions of care and referrals for which the EP, EH or CAH was the transferring of referring provider. <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): 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.</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • 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. • 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. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> a. Summary of care record created and exchanged b. Summary of care record receipt confirmed • Denominator: Number of transitions of care for which the EP, EH, or CAH was the transferring or referring provider 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Secure Electronic Messaging List, records and reports a baseline report and a delta report. For the 2015 – 2017 Stage 2 measure and the Stage 3 measure, the Health IT Module will populate the numerator when the provider sends a secure message during the reporting period.</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <p>a) Eligible Professional (EP): For an EHR reporting period in 2017, for more than 5 percent 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 the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the EHR reporting period. For an EHR reporting period in 2016, the threshold for this measure is at least one message sent.</p> <p>b) Eligible Hospital/Critical Access Hospital (EH/CAH): None</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • 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). • Denominator: Number of unique patients seen by the EP during the EHR reporting period. <p>b) Inpatient: None</p> <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports, including the numerator, denominator and resulting percentages, are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure’s denominator limitations. The tester will use the information provided in Required Test 9 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory:</p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ EP Replies to Secure Electronic Message from Patient or Patient Representative ○ EP Sends Secure Electronic Message to Patient or Patient Representative • Denominator: Number of patients seen by the EP <p><i>Stage 3 Measure:</i></p> <ul style="list-style-type: none"> • Eligible Professional (EP)/Eligible Hospital/Critical Access Hospital (EH/CAH): 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 2016, the threshold for this measure is at least one message sent rather than 25 percent. For an EHR reporting period in 2017, the threshold for this measure is 5 percent rather than 25 percent. • 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. <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 9 Stage 2 Objective 9 and Stage 3 Objective 6 Measure 2, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure English Statements:</i></p> <ul style="list-style-type: none"> • Ambulatory/Inpatient: • 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. • Denominator: Number of unique patients seen by the EP during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <ul style="list-style-type: none"> • Numerator: <ul style="list-style-type: none"> ○ EP/EH Replies to Secure Electronic Message from Patient or Patient Representative ○ EP/EH Sends Secure Electronic Message to Patient or Patient Representative ○ EP/EH Sends Secure Message to Provider Including Patient or Patient Representative • Denominator: Number of unique patients seen by the EP or discharged from the EH or CAH <p style="text-align: right;">Continued on the next page</p>	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 10 Stage 2 Objective 3 Measure 1 and Stage 3 Objective 4 Measure 1</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Medications List, records and reports a baseline report and a delta report. The Health IT Module will populate the numerator when medication orders are ordered using CPOE.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of medication orders created by the EP or by 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.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of medication orders in the denominator recorded using CPOE • 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. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Medication order recorded using CPOE • Denominator: Number of medication orders. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 10 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 10 Stage 2 Objective 3 Measure 1 and Stage 3 Objective 4 Measure 1, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of medication orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of medication orders in the denominator recorded using CPOE • Denominator: Number of medication orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Medication order recorded using CPOE • Denominator: Number of medication orders 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 11 Stage 2 Objective 3 Measure 2 and Stage 3 Objective 4 Measure 2</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Laboratory List, records and reports a baseline report and a delta report. The Health IT Module will populate the numerator when laboratory orders are ordered using CPOE.</p> <p>Measure Description <i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 30 percent of laboratory orders created by the EP or by 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.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of laboratory orders in the denominator recorded using CPOE • 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. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Laboratory order recorded using CPOE • Denominator: Number of laboratory orders. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 11 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 11 Stage 2 Objective 3 Measure 2 and Stage 3 Objective 4 Measure 2, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of laboratory orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of laboratory orders in the denominator recorded using CPOE • Denominator: Number of laboratory orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Laboratory order recorded using CPOE • Denominator: Number of laboratory orders 	<p>See previous page</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 12 Stage 2 Objective 3 Measure 3 and Stage 3 Objective 4 Measure 3</p>	<p>The user through the identified Health IT Module functions and with the supplied Computerized Provider Order Entry (CPOE) – Radiology List, records and reports a baseline report and a delta report. The Health IT Module will populate the numerator when Radiology orders (Stage 2) or Diagnostic Imaging orders (Stage 3) are ordered using CPOE.</p> <p>Measure Description</p> <p><i>Stage 2 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 30 percent of radiology orders created by the EP or by 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.</p> <p><i>Stage 2 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of radiology orders in the denominator recorded using CPOE • Denominator: Number of radiology 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. <p><i>Stage 2 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Radiology order recorded using CPOE • Denominator: Number of radiology orders. <p style="text-align: right;">Continued on the next page</p>	<p>The tester verifies that the baseline and delta reports are created correctly and, without omission and that include sufficient detail to match the patients or actions in the numerator report to the measure's denominator limitations. The tester will use the information provided in Required Test 12 and ONC Test Data Scenario(s) 1, 2, 3, 4, and 5.</p>

Criteria ¶	System Under Test	Test Lab Verification
<p>Required Test 12 Stage 2 Objective 3 Measure 3 and Stage 3 Objective 4 Measure 3, continued</p>	<p>Continued from the previous page</p> <p><i>Stage 3 Measure:</i></p> <p>a) Eligible Professional/Eligible Hospital/Critical Access Hospital (EP/EH/CAH): More than 60 percent of diagnostic imaging orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry</p> <p><i>Stage 3 Measure English Statements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: The number of orders in the denominator recorded using CPOE • Denominator: Number of diagnostic imaging orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period. <p><i>Stage 3 Measure Elements:</i></p> <p>a) Ambulatory/Inpatient:</p> <ul style="list-style-type: none"> • Numerator: Diagnostic Imaging order recorded using CPOE • Denominator: Number of diagnostic imaging orders 	<p>See previous page</p>

Document History

Version Number	Description of Change	Date
1.0	Final Test Procedure	January 29, 2016

Dependencies: For all related and required criteria, please refer to the [Master Table of Related and Required Criteria](#).