



## New Rule Proposes Definition for Meaningful Use

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Health care providers who adopt meaningful use of certified electronic health record (EHR) technology by 2011 may receive significant federal incentives: up to \$63,750 over five years for qualifying Medicaid use, or up to \$44,000 over five years for qualifying Medicare use. Recently, the Centers for Medicare & Medicaid Services issued a proposed definition of “meaningful use” along with proposed rules setting forth criteria for qualification and implementation of EHR meaningful use into three stages.

The proposed rule, issued on December 30, 2009, is extensive, over 500 pages in length, and is available via the link at the end of this post. CMS will provide a 60-day comment period, after the rule is published in the Federal Register later this month, before a final rule is issued. Procedures for submission of comments are provided at the beginning of the proposed rule.

CMS states the focus of Stage 1 EHR meaningful use is in capturing health information in coded format, and using it to track, share and report key clinical conditions. In order to qualify for meaningful use under Stage 1, separate criteria with specific objectives and measures have been proposed for eligible professionals than that proposed for eligible hospitals and critical access hospitals (CAHs). The proposed 25 objectives and measures for eligible professionals and the proposed 23 objectives and measures for eligible hospitals and CAHs are provided separately at the end of this post. These objectives set robust goals for EHR data collection and use, including some issues which require levels of 80 percent or more for data collection from unique patients.

In addition to satisfying the meaningful use criteria, before qualifying for the incentive payments providers must also satisfy regulatory requirements set forth in the proposed rule to demonstrate that the objectives and measures have been satisfied through the use of certified EHR technology. Additionally, each state may specify the manner by which demonstration is to be attested in order to qualify for the Medicaid incentive payments.

The Tennessee Department of Finance and Administration, Office of eHealth Initiatives will be providing more information and a tool kit for providers to assist them in qualifying for EHR incentive payments. We will update this post as more information becomes available.

For a copy of the CMS Proposed Rule, go to: [http://www.federalregister.gov/OFRUpload/OFRData/2009-31217\\_PI.pdf](http://www.federalregister.gov/OFRUpload/OFRData/2009-31217_PI.pdf)

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CMS Proposed Rule: 42 C.F.R. § 495.6(b), (c) & (d)  
Meaningful use objectives and measures for  
**Eligible Professionals - Stage 1 Criteria**

**IMPORTANT NOTICE:** These are excerpts from the **proposed** rule issued by CMS on December 30, 2009. CMS is expected to issue a final rule later during 2010.

(a) Stage 1 criteria for eligible professionals<sup>1</sup> (EPs).

(1) General rule regarding Stage 1 criteria for meaningful use of EPs. Except as provided in paragraph (a)(2) of this section, EPs must meet all objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (d) of this section to receive an incentive payment. [see below for Stage 1 criteria for EPs]

(2) Exceptions for Medicaid EPs.

(i) Exception for Medicaid EPs receiving payment in CY 2010. If CMS has approved a State's request to begin providing incentive payments to EPs in CY 2010 for adopting, implementing or upgrading certified EHR technology, the objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (d) [see below] are applicable to an EP whose second payment year is CY 2011.

(ii) Exception for Medicaid EPs who adopt, implement or upgrade in their first payment year. For Medicaid EPs who adopt, implement, or upgrade certified EHR technology in their first payment year, the meaningful use objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (d) apply beginning with the second payment year, and do not apply to the first payment year.

**STAGE 1 CRITERIA FOR EPs**

Below are the provisions from the proposed rule at 42 C.F.R. § 495.6(c) & (d) in which CMS sets 25 objectives and associated measures as the Stage 1 Criteria prerequisite in order for EPs to qualify for the incentive payments:

42 C.F.R. § 495.6(c)

(c) Stage 1 criteria for EPs and eligible hospitals or critical access hospitals (CAHs). An EP, eligible hospital or CAH must satisfy the following objectives and associated measures:

- (1) (i) **Objective.** Implement drug-drug, drug-allergy, drug-formulary checks.  
(ii) **Measure.** The EP, eligible hospital or CAH has enabled this functionality.

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<sup>1</sup> "Eligible professional (EP)," defined at 42 C.F.R. § 495.4, means a physician as defined in section 1861(r) of the Social Security Act (which includes a doctor of medicine or osteopathy, a doctor of dental surgery or medicine, a doctor of podiatric medicine, a doctor of optometry, a chiropractor) or a Medicaid eligible professional under 42 C.F.R. 495, Subpart D.



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- (2) (i) **Objective.** Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM<sup>2</sup> or SNOMED CT <sup>®3</sup>.
- (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to an eligible hospital or CAH have at least one entry or an indication of none recorded as structured data.
- (3) (i) **Objective.** Maintain active medication list.
- (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted by the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.
- (4) (i) **Objective.** Maintain active medication allergy list.
- (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.
- (5) (i) **Objective.** Record the following demographics:
- (A) Preferred language.
  - (B) Insurance type.
  - (C) Gender.
  - (D) Race.
  - (E) Ethnicity.
  - (F) Date of birth.
  - (G) For eligible hospitals or CAHs, the date and cause of death in the event of mortality.
- (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have the demographics specified in paragraphs (c)(5)(i)(A) through (G) of this section recorded as structured data.
- (6) (i) **Objective.**
- (A) Record and chart changes in the following vital signs:
    - (1) Height.
    - (2) Weight.
    - (3) Blood pressure.
  - (B) Calculate and display the body mass index (BMI) for patients 2 years and older.

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<sup>2</sup> International Classification of Diseases, ninth revision, clinically modified, published by the World Health Organization, assigns a unique code up to six characters for diseases, symptoms and health conditions.

<sup>3</sup> Systematized Nomenclature of Medicine – Clinical Terms. [www.snomed.org](http://www.snomed.org)



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- (C) Plot and display growth charts for children 2 to 20 years including body mass index.
- (ii) **Measure.** For at least 80 percent of all unique patients age 2 years or older seen by the EP or admitted to the eligible hospital, record blood pressure and BMI and plot the growth chart for children age 2 to 20 years old.
- (7) (i) **Objective.** Record smoking status for patients 13 years old or older.  
(ii) **Measure.** At least 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital or CAH have “smoking status” recorded.
- (8) (i) **Objective.** Incorporate clinical lab-test results into EHR as structured data.  
(ii) **Measure.** At least 50 percent of all clinical lab tests results ordered by the EP or authorized provider of the hospital during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- (9) (i) **Objective.** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research and outreach.  
(ii) **Measure.** Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.
- (10) (i) **Objective.** Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.  
(ii) **Measure.** Implement five clinical decision support rules relevant to the clinical quality metrics reported under this subpart.
- (11) (i) **Objective.** Check insurance eligibility electronically from public and private payers.  
(ii) **Measure.** Insurance eligibility is checked electronically for at least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH.
- (12) (i) **Objective.** Submit claims electronically to public and private payers.  
(ii) **Measure.** At least 80 percent of all claims filed electronically by the EP or the eligible hospital or CAH.
- (13) (i) **Objective.** Perform medication reconciliation at relevant encounters and each transition of care.  
(ii) **Measure.** Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.
- (14) (i) **Objective.** Provide summary care record for each transition of care and referral.



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- (ii) **Measure.** Provide summary of care record for at least 80 percent of transitions of care and referrals.
- (15) (i) **Objective.** Capability to submit electronic data to immunization registries and actual submission where required and accepted.  
(ii) **Measure.** Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries.
- (16) (i) **Objective.** Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.  
(ii) **Measure.** Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data<sup>4</sup> to public health agencies (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically).
- (17) (i) **Objective.** Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.  
(ii) **Measure.** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary.

42 C.F.R. § 495.6(d)

(d) Additional Stage 1 criteria for EPs. An EP must meet the following objectives and associated measures:

- (1) (i) **Objective.** Use computerized provider order entry (CPOE).  
(ii) **Measure.** CPOE is used for at least 80 percent of all orders.
- (2) (i) **Objective.** Generate and transmit permissible prescriptions electronically (eRx).  
(ii) **Measure.** At least 75 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.
- (3) (i) **Objective.** Report ambulatory quality measures to CMS or, in the case of Medicaid EPs, the States.  
(ii) **Measure.** Successfully report to CMS (or, in the case of Medicaid EPs, the States) clinical quality measures in the form and manner specified by CMS.

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<sup>4</sup> The Centers for Disease Control and Prevention define "syndromic surveillance" as "surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response."



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- (4) (i) **Objective.** Send reminders to patients per patient preference for preventive/follow-up care.  
(ii) **Measure.** Reminder sent to at least 50 percent of all unique patients seen by the EP that are 50 years of age and over.
  
- (5) (i) **Objective.** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request.  
(ii) **Measure.** At least 80 percent of all patient requests for an electronic copy of their health information are provided it within 48 hours.
  
- (6) (i) **Objective.** Provide patients with timely electronic access to their health information (including diagnostic test results, problem list, medication lists, and allergies) within 96 hours of the information being available to the EP.  
(ii) **Measure.** At least 10 percent of all unique patients seen by the EP are provided timely electronic access to their health information.
  
- (7) (i) **Objective.** Provide clinical summaries to patients for each office visit.  
(ii) **Measure.** Clinical summaries provided to patients for at least 80 percent of all office visits.
  
- (8) (i) **Objective.** Capability to exchange key clinical information among providers of care and patient authorized entities electronically.  
(ii) **Measure.** Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information.



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(b) Stage 1 criteria for eligible hospitals and critical access hospitals (CAHs).

(1) General rule regarding Stage 1 criteria for meaningful use for eligible hospitals or CAHs. Except as provided in paragraph (b)(2) of this section, eligible hospitals<sup>5</sup> and CAHs<sup>6</sup> must meet all objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (e) of this section to receive an incentive payment. [see below for Stage 1 criteria for eligible hospitals and CAHs]

(2) Exceptions for Medicaid eligible hospitals. For Medicaid eligible hospitals who adopt, implement, or upgrade certified EHR technology in their first payment year, the meaningful use objectives and associated measures of the Stage 1 criteria specified in paragraphs (c) and (e) apply beginning with the second payment year.

**STAGE 1 CRITERIA FOR ELIGIBLE HOSPITALS AND CAHs**

Below are the provisions from the proposed rule at 42 C.F.R. § 495.6(c) & (e) in which CMS sets 23 objectives and associated measures as the Stage 1 Criteria prerequisite in order for eligible hospitals and CAHs to qualify for the incentive payments:

42 C.F.R. § 495.6(c)

(c) Stage 1 criteria for EPs and eligible hospitals or critical access hospitals (CAHs). An EP, eligible hospital or CAH must satisfy the following objectives and associated measures:

- (1) (i) **Objective.** Implement drug-drug, drug-allergy, drug-formulary checks.  
(ii) **Measure.** The EP, eligible hospital or CAH has enabled this functionality.
- (2) (i) **Objective.** Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM<sup>7</sup> or SNOMED CT<sup>®8</sup>.

<sup>5</sup> "Eligible hospital," defined at § 495.4, means a hospital subject to the prospective payment system specified in § 412.1(a)(1) (excluding those specified in § 412.23) or a Medicaid eligible hospital under 42 C.F.R. 495, Subpart D.

<sup>6</sup> "Critical access hospital (CAH)," defined at § 495.4, means a facility that has been certified as a critical access hospital under section 1820(e) of the Social Security Act (the Act) and for which Medicare payment is made under section 1814(l) of the Act for inpatient services and under section 1834(g) of the Act for outpatient services.

<sup>7</sup> International Classification of Diseases, ninth revision, clinically modified, published by the World Health Organization, assigns a unique code up to six characters for diseases, symptoms and health conditions.

<sup>8</sup> Systematized Nomenclature of Medicine – Clinical Terms. [www.snomed.org](http://www.snomed.org)



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- (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to an eligible hospital or CAH have at least one entry or an indication of none recorded as structured data.
- (3)
  - (i) **Objective.** Maintain active medication list.
  - (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted by the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.
- (4)
  - (i) **Objective.** Maintain active medication allergy list.
  - (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication of “none” if the patient has no medication allergies) recorded as structured data.
- (5)
  - (i) **Objective.** Record the following demographics:
    - (A) Preferred language.
    - (B) Insurance type.
    - (C) Gender.
    - (D) Race.
    - (E) Ethnicity.
    - (F) Date of birth.
    - (G) For eligible hospitals or CAHs, the date and cause of death in the event of mortality.
  - (ii) **Measure.** At least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH have the demographics specified in paragraphs (c)(5)(i)(A) through (G) of this section recorded as structured data.
- (6)
  - (i) **Objective.**
    - (A) Record and chart changes in the following vital signs:
      - (1) Height.
      - (2) Weight.
      - (3) Blood pressure.
    - (B) Calculate and display the body mass index (BMI) for patients 2 years and older.
    - (C) Plot and display growth charts for children 2 to 20 years including body mass index.
  - (ii) **Measure.** For at least 80 percent of all unique patients age 2 years or older seen by the EP or admitted to the eligible hospital, record blood pressure and BMI and plot the growth chart for children age 2 to 20 years old.
- (7)
  - (i) **Objective.** Record smoking status for patients 13 years old or older.
  - (ii) **Measure.** At least 80 percent of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital or CAH have “smoking status” recorded.



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- (8) (i) **Objective.** Incorporate clinical lab-test results into EHR as structured data.  
(ii) **Measure.** At least 50 percent of all clinical lab tests results ordered by the EP or authorized provider of the hospital during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
- (9) (i) **Objective.** Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research and outreach.  
(ii) **Measure.** Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition.
- (10) (i) **Objective.** Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.  
(ii) **Measure.** Implement five clinical decision support rules relevant to the clinical quality metrics reported under this subpart.
- (11) (i) **Objective.** Check insurance eligibility electronically from public and private payers.  
(ii) **Measure.** Insurance eligibility is checked electronically for at least 80 percent of all unique patients seen by the EP or admitted to the eligible hospital or CAH.
- (12) (i) **Objective.** Submit claims electronically to public and private payers.  
(ii) **Measure.** At least 80 percent of all claims filed electronically by the EP or the eligible hospital or CAH.
- (13) (i) **Objective.** Perform medication reconciliation at relevant encounters and each transition of care.  
(ii) **Measure.** Perform medication reconciliation for at least 80 percent of relevant encounters and transitions of care.
- (14) (i) **Objective.** Provide summary care record for each transition of care and referral.  
(ii) **Measure.** Provide summary of care record for at least 80 percent of transitions of care and referrals.
- (15) (i) **Objective.** Capability to submit electronic data to immunization registries and actual submission where required and accepted.  
(ii) **Measure.** Performed at least one test of certified EHR technology's capability to submit electronic data to immunization registries.
- (16) (i) **Objective.** Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.



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- (ii) **Measure.** Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data<sup>9</sup> to public health agencies (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically).
- (17) (i) **Objective.** Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities.
- (ii) **Measure.** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary.

42 C.F.R. § 495.6(e)

(e) Additional Stage 1 criteria for eligible hospitals or CAHs. Eligible hospitals or CAHs must meet the following objectives and associated measures:

- (1) (i) **Objective.** Use computerized provider order entry (CPOE) for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).
  - (ii) **Measure.** CPOE is used for at least 10 percent of all orders.
- (2) (i) **Objective.** Report hospital quality measures to CMS or, in the case of Medicaid eligible hospitals, the States.
- (ii) **Measure.** Successfully report to CMS (or, in the case of Medicaid eligible hospitals, the States) clinical quality measures in the form and manner specified by CMS.
- (3) (i) **Objective.** Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, and procedures), upon request.
- (ii) **Measure.** At least 80 percent of all patient requests for an electronic copy of their health information are provided it within 48 hours.
- (4) (i) **Objective.** Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.
- (ii) **Measure.** At least 80 percent of all patients who are discharged from an eligible hospital or CAH and who request an electronic copy of their discharge instructions and procedures are provided it.

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<sup>9</sup> The Centers for Disease Control and Prevention define “syndromic surveillance” as “surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.”



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- (5) (i) **Objective.** Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, and diagnostic test results) among providers of care and patient-authorized entities electronically.  
(ii) **Measure.** Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.
- (6) (i) **Objective.** Capability to provide electronic submission of reportable lab results (as required by State or local law) to public health agencies and actual submission where it can be received.  
(ii) **Measure.** Performed at least one test of certified EHR technology capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which the eligible hospital submits such information have the capacity to receive the information electronically).



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