

**Meaningful Use Stage 1 – Numerators and Denominators for those measures that require reporting of a Threshold**

EPs	Hospitals	Certification CFR section ID	Applicable NIST Certification Modules with CFR section ID	Numerator	Denominator	Threshold	Exclusions
<b>Core Set</b>							
•	•	§170.304 (a) [EP] §170.306 (a) [Hospitals]	Computerized provider order entry	The number of patients in the denominator that have at least one medication order entered using CPOE	Number of unique patients with at least one medication in their medication list seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period	The resulting percentage must be more than 30 percent in order for an EP, eligible hospital or CAH to meet this measure.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.  For Stage 2 CPOE - Any EP who writes fewer than 100 prescriptions during the EHR reporting period.
•	n/a	§170.304 (b)	Electronic prescribing	The number of prescriptions in the denominator generated and transmitted electronically	Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.	The resulting percentage must be more than 40 percent in order for an EP, eligible hospital, or CAH to meet this measure	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.
•	•	§170.304 (c) [EPs] §170.306 (b) [Hospitals]	Record demographics	The number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.	Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period. A unique patient is discussed under the objective of CPOE.	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital or CAH to meet this measure. Most EPs and all eligible hospitals and CAHs would have access to this information through direct patient access. Some EPs without direct patient access would have this information communicated as part of the referral from the EP who identified the service as needed by the patient. Therefore, we did not include an exclusion for this objective and associated measure.	
•	•	§170.302 (c)	Maintain up-to-date problem list	Numerator: The number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.	Denominator: Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	Threshold: The resulting percentage must be more than 80 percent in order for an EP, eligible hospital, or CAH to meet this measure. We do not believe that any EP, eligible hospital, or CAH would be in a situation where they would not need to know at least one active diagnosis for a patient they are seeing or admitting to their hospital. Therefore, there are no exclusions for this objective and its associated measure.	There are no exclusions for this objective and its associated measure
•	•	§170.302 (d)	Maintain active medication list	The number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient	The resulting percentage must be more than 80 percent in order for an EP, eligible hospital, or CAH to meet this measure. Detailed discussion of the more than 80 percent threshold can be found under the objective of maintaining an up-to-date problem list.	There are no exclusions for this objective and its associated measure
•	•	§170.302 (e)	Maintain active medication allergy list	The number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list	Number of unique patients seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period. The definition of "a unique patient" is provided under the objective of CPOE	The percentage must be more than 80 percent in order for an EP, eligible hospital, or CAH to meet this measure.	We do not believe that any EP, eligible hospital or CAH would be in a situation where they would not need to know whether their patients have medication allergies and therefore do not establish an exclusion for this measure.
•	•	§170.302 (f)(1) Vital signs §170.302 (f)(2) BMI §170.302 (f)(3) Growth charts	Vital signs BMI Growth Charts	The number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structure data.	Number of unique patients age 2 or over seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.	Any EP who either see no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice.
•	•	§170.302 (g)	Smoking status	The number of patients in the denominator with smoking status recorded as structured data.	Number of unique patients age 13 or older seen by the EP or admitted to an eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) during the EHR reporting period. A unique patient is discussed under the objective of maintaining an up-to-date problem list.	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.	Any EP who sees no patients 13 years or older.  Any eligible hospital or CAH that admits no patients 13 years or older to their inpatient or emergency department (POS 21 or 23).
•	•	§170.304 (f) §170.306 (d)(1) §170.306 (d)(2)	Electronic copy of health information	The number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.	The number of patients of the EP or eligible hospital's or CAH's inpatient or emergency departments (POS 21 or 23) who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure. Exclusion ☒ if the EP, eligible hospital, or CAH has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period they would be excluded from this requirement	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.  Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.
n/a	•	§170.306 (e)	Electronic copy of discharge information	The number of patients in the denominator who are provided an electronic copy of discharge instructions.	Number of patients discharged from an eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) who request an electronic copy of their discharge instructions and procedures during the EHR reporting period.	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.	Any eligible hospital or CAH that has no requests from patients or their agents for an electronic copy of the discharge instructions during the EHR reporting period.
•	n/a	§170.304 (h)	Clinical summaries	Number of patients in the denominator who are provided a clinical summary of their visit within three business days.	Number of unique patients seen by the EP for an office during the EHR reporting period. A unique patient is discussed under the objective of using CPOE.	The resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure	Any EP who has no office visits during the EHR reporting period.
<b>Menu Set</b>							
n/a	•	§170.306 (h)	Advanced directives	The number of patients in the denominator with an indication of an advanced directive entered using structured data	Number of unique patients age 65 or older admitted to an eligible hospital's or CAH's inpatient department (POS 21) during the EHR reporting period. A unique patient is discussed under the objective of CPOE	The resulting percentage must be more than 50 percent in order for eligible hospital or CAH to meet this measure	An eligible hospital or CAH that admits no patients age 65 years old or older during the EHR reporting period.
•	•	§170.302 (h)	Incorporate lab results	The number of lab test results whose results are expressed in a positive or negative affirmation or as a number which are incorporated as structured data	Number of lab tests ordered during the EHR reporting period by the EP or authorized providers of the eligible hospital or CAH for patients admitted to an eligible hospital's or CAH's inpatient or emergency department (POS 21 & 23) whose results are expressed in a positive or negative affirmation or as a number.	The resulting percentage must be more than 40 percent in order for an EP, eligible hospital, or CAH to meet this measure.	An EP who orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period.
•	n/a	§170.304 (d)	Patient reminders	The number of patients in the denominator who were sent the appropriate reminder.	Number of unique patients 65 years old or older or 5 years older or younger.	The resulting percentage must be more than 20 percent in order for an EP to meet this measure.	An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.
•	n/a	§170.304 (g)	Timely access	The number of patients in the denominator who have timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information online.	Number of unique patients seen by the EP during the EHR reporting period.	The resulting percentage must be at least 10 percent in order for an EP to meet this measure.	Any EP that neither orders nor creates any of the information listed at 45 CFR 170.304(g) during the EHR reporting period.
•	•	§170.302 (m)	Patient specific education resources	Number of patients in the denominator who are provided patient education specific resources	Number of unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period.	The resulting percentage must be more than 10 percent in order for an EP, eligible hospital, or CAH to meet this measure.	
•	•	§170.302 (j)	Medication reconciliation	The number of transitions of care in the denominator where medication reconciliation was performed.	Number of transitions of care 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 receiving party of the transition.	he resulting percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.	An EP who was not the recipient of any transitions of care during the EHR reporting period.
•	•	§170.304 (i) §170.306 (f)	Exchange clinical information and patient summary record	The number of transitions of care and referrals in the denominator where a summary of care record was provided.	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.	The percentage must be more than 50 percent in order for an EP, eligible hospital, or CAH to meet this measure.	An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.