

1. Implement drug formulary checks. Physician must have access to ≥ 1 internal or external formulary. Any physician who writes <100 prescriptions a year is excluded.
2. Incorporate $>40\%$ clinical lab-test results into EHR. Physicians who order no lab tests or whose results are not positive/negative or numeric are exempt.
3. Generate at least one list of patients maintained by EHR by specific conditions for quality improvement, disparity reduction, research, or outreach.
4. Send patient reminders to $>20\%$ of patients >65 years old or <5 years old per patient preference for preventative/follow-up care. Physicians with no EHR patients meeting the age criteria are exempt.
5. Provide $>10\%$ of patients electronic access to health information (lab results, problem lists, medication lists, allergies) within four business days of the information being available to the physician.
6. Use EHR technology to identify and provide $>10\%$ of patients patient-specific education resources.
7. Perform medication reconciliation by comparing medical record to an external medical list for $>50\%$ of patients transferred from another setting.
8. Provide a summary care record for $>50\%$ of patients transferred or referred to another setting.
9. At least one test of capability to submit electronic data to immunization registries and actual submissions is required. Exempt if no immunizations given or if no immunization electronic registry exists.
10. At least one test of EHR technology capacity to provide electronic syndromic surveillance data to public health agencies, and actual submissions according to law.

Source: Adapted from the Centers for Medicare & Medicaid's eligible professional meaningful use program: <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf>.
