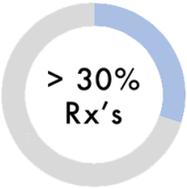


**Core 1 - Computerized Provider Order Entry (CPOE)**

|                                                                                   |             |                                                                                                                                                    |
|-----------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>What</b> | More than 30% of medication orders must be recorded using CPOE.                                                                                    |
|                                                                                   | <b>How</b>  | RevolutionEHR users will enter their medication orders using the “Create Rx” button or through integration with RxNT via the “Launch RxNT” button. |
|                                                                                   | <b>Why</b>  | CPOE allows medication orders to be accurate, legible and checked for potential problems or errors.                                                |

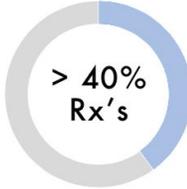
**Core 2 - Drug Interaction Checks**

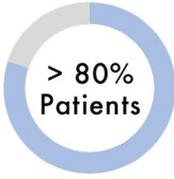
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|-----------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>What</b> | Drug interaction check functionality must be available for the entire reporting period.                                                                                                                                                                                                                            |
|                                                                                   | <b>How</b>  | Drug-drug and drug-allergy checks are available through RevolutionEHR's integrated e-prescribing partner, RxNT. Actual use of the interaction check capability is not required. As long as a RevolutionEHR user is a customer of RxNT or another certified e-prescribing system, this objective will be satisfied. |
|                                                                                   | <b>Why</b>  | Drug interaction checks improve patient safety by providing real-time information about the possibility of adverse events at the time the provider is entering the order.                                                                                                                                          |

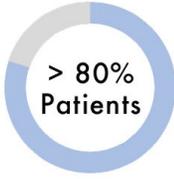
**Core 3 - Maintain Problem List**

|                                                                                     |             |                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>What</b> | More than 80 percent of all unique patients seen must have at least one problem list entry or an indication of "No Known Active Diagnoses".                                                                                                                 |
|                                                                                     | <b>How</b>  | Users can enter a diagnosis during an encounter on the Assessment screen using the “Add” button or directly into the Diagnosis History part of the patient record. Alternately, an indication of “No Known Active Diagnoses” can be noted on either screen. |
|                                                                                     | <b>Why</b>  | Problem lists provide a fast overview of a patient’s history to those involved in the care of the patient within the provider’s practice and, with data sharing, outside practices.                                                                         |

**Core 4 - e-Prescribing**

|                                                                                     |             |                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>What</b> | More than 40 percent of prescriptions written by the provider must be transmitted electronically.                                                                                                                                              |
|                                                                                     | <b>How</b>  | Users that are customers of RxNT can click the “Launch RxNT” button on the Medication screen within an encounter or within the Rx section of the record. Users can alternately utilize a non-integrated, but certified, e-prescribing program. |
|                                                                                     | <b>Why</b>  | E-prescribing offers a fast, efficient, and accurate method to order and transmit prescriptions.                                                                                                                                               |

| <b>Core 5 - Maintain Medication List</b>                                                                   |             |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 80% Patients</p> | <b>What</b> | More than 80 percent of unique patients seen must have at least one structured entry in the medication list or an indication of “No Known Active Medications”. |
|                                                                                                            | <b>How</b>  | Structured medications can be added to the medication list using the “Create Rx” button or through RxNT. Use of the “Create General” button does not count.    |
|                                                                                                            | <b>Why</b>  | Having a comprehensive list of active medications improves efficiency of care and facilitates clinical decision making.                                        |

| <b>Core 6 - Maintain Medication Allergy List</b>                                                           |             |                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 80% Patients</p> | <b>What</b> | More than 80 percent of unique patients seen must have at least one medication allergy in the med allergy list or an indication of “No Known Medication Allergies”. |
|                                                                                                            | <b>How</b>  | Medication allergies are easily added in the Allergies screen. “Other Allergies” do not count.                                                                      |
|                                                                                                            | <b>Why</b>  | Knowledge of medication allergies, and efficient access to them when prescribing, is critical for safe patient care.                                                |

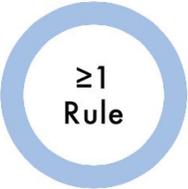
| <b>Core 7 - Record Demographics</b>                                                                          |             |                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50% Patients</p> | <b>What</b> | More than 50 percent of unique patients seen must have the following documented: Date of Birth, Gender, Preferred Language, Race, Ethnicity. |
|                                                                                                              | <b>How</b>  | Documentation of patient demographics is performed on the the Personal Details slider of the Demographics screen.                            |
|                                                                                                              | <b>Why</b>  | Maintaining patient demographics allows a provider to analyze clinical data in terms of the five demographic groups.                         |

| <b>Core 8 - Record Vital Signs</b>                                                                           |             |                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50% Patients</p> | <b>What</b> | More than 50% of unique patients seen have blood pressure (for patients age 3+) and height/length and weight (all ages) recorded.                                                                                                                                                                                                                                                                         |
|                                                                                                              | <b>How</b>  | Blood pressure can be documented on either the Vital Signs or Blood Pressure test. Height/length and weight must be recorded on the Vital Signs test. Depending of scope of practice, a provider can: <ul style="list-style-type: none"> <li>• document all 3 vital signs</li> <li>• document only height/weight</li> <li>• document only blood pressure</li> <li>• exclude from the objective</li> </ul> |
|                                                                                                              | <b>Why</b>  | Vital signs provide baseline data for clinical decision making and historical analysis.                                                                                                                                                                                                                                                                                                                   |

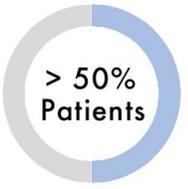
**Core 9 - Record Smoking Status**

|                                                                                                                |             |                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50%<br/>Patients</p> | <b>What</b> | More than 50 percent of unique patients age 13 or older must have smoking status recorded.                                                                          |
|                                                                                                                | <b>How</b>  | Smoking status must be documented using the Smoking Status drop down list on the PFSH screen within the History step of an encounter.                               |
|                                                                                                                | <b>Why</b>  | Tobacco use presents significant health risks to patients. Evidence suggests that provider interest in tobacco use can be an important first step toward cessation. |

**Core 10 - Clinical Decision Support**

|                                                                                                        |             |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>≥ 1<br/>Rule</p> | <b>What</b> | At least one clinical decision support rule must be in place for the entire reporting period.                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                        | <b>How</b>  | The Clinical Decision Support screen must be added to the Assessment & Plan encounter step within Administration and it must be in place on day one of the reporting period. Five CDS rules are available automatically.<br><br>Addition of the CDS screen to Assessment & Plan as well as additional rule creation is identical to the process for patient education rules covered in <a href="#">these video tutorials</a> . |
|                                                                                                        | <b>Why</b>  | Clinical decision support can assist providers in assuring that all patients, particularly those with chronic conditions, receive appropriate and timely services.                                                                                                                                                                                                                                                             |

**Core 11 - Patient Electronic Access**

|                                                                                                                  |             |                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50%<br/>Patients</p> | <b>What</b> | More than 50 percent of unique patients seen must have access to RevolutionPHR within 4 days of their encounter.                                                                                                                                                                                    |
|                                                                                                                  | <b>How</b>  | RevolutionPHR access is established on the Login Information slider within the Demographics screen. The “Allow Login” box can be checked to allow a username and temporary password to be generated. Once saved and the encounter signed within 4 days, the measure numerator will increase by one. |
|                                                                                                                  | <b>Why</b>  | Providing patients with electronic access to their health information promotes both patient and family engagement while also facilitating continuity of care with other providers.                                                                                                                  |

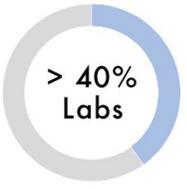
| <b>Core 12 - Clinical Summaries</b>                                                                          |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50%<br/>Visits</p> | <b>What</b> | A clinical summary must be provided to the patient within 3 days for more than 50% of all office visits                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                              | <b>How</b>  | <p>If the patient has RevolutionPHR access credentials, signing the encounter within 3 days will count for clinical summary delivery as the patient can self-generate the document if they desire. This is the preferred method of delivery as it conserves office resources (time, ink, paper) while promoting patient engagement with the PHR.</p> <p>Alternately, this document can be generated via the “Clinical Summary” button along the header bar within an encounter and then be printed or transferred to a media device for delivery.</p> |
|                                                                                                              | <b>Why</b>  | Clinical summaries increase patient and family awareness of what took place during an encounter. Clinical summaries can also be provided by the patient to other providers to assist in care coordination.                                                                                                                                                                                                                                                                                                                                            |

| <b>Core 13 - Protect Electronic Information</b>                                                      |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>1<br/>SRA</p> | <b>What</b> | Providers must conduct a security risk analysis (SRA) in accordance with HIPAA standards, implement security updates as necessary, and correct identified security deficiencies as part of the risk management process.                                                                                                                                                                                                                                                                                         |
|                                                                                                      | <b>How</b>  | <p>There is no requirement that the SRA be performed by an outside firm, but a thorough analysis that will stand up to a compliance review will require expert knowledge that an experienced firm outside of the practice could provide. RevolutionEHR has partnered with <u>WHITEC</u> to provide a trusted source for virtual SRA assistance.</p> <p>Upon completion of the SRA, the user can click “Done” on the scorecard to enter the date of completion and then toggle the radio selection to “Yes”.</p> |
|                                                                                                      | <b>Why</b>  | RevolutionEHR is certified as a Base EHR which meets all of the ONC standards for managing data in a secure manner. The SRA focuses on how the practice manages internally stored ePHI and assists in identifying and correcting security gaps that could lead to breach of that data.                                                                                                                                                                                                                          |

**Menu 1 - Drug Formulary Checks**

|                                                                                                           |             |                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>≥1<br/>Formulary</p> | <b>What</b> | The provider must have the ability to check at least one medication formulary for the entire reporting period.                                                                               |
|                                                                                                           | <b>How</b>  | Drug formulary checks are available through RevolutionEHR's integrated e-prescribing partner, RxNT. As long as a RevolutionEHR user is a customer of RxNT, this objective will be satisfied. |
|                                                                                                           | <b>Why</b>  | Formulary checks allow providers to make informed prescribing decisions and, in turn, increase efficiency by reducing pharmacy call-backs regarding off-plan prescriptions.                  |

**Menu 2 - Incorporate Clinical Lab Test Results**

|                                                                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 40%<br/>Labs</p> | <b>What</b> | More than 40% of all clinical lab tests ordered during the period whose results are either in a positive/negative or numerical format are incorporated as structured data.                                                                                                                                                                                                                                                         |
|                                                                                                            | <b>How</b>  | Clinical lab tests and results must be documented using the Orders - Medical screen. A radio selection is available within the "Results" slider of an order that will trigger the denominator for this measure when it is left empty or "Normal/Abnormal" or "Numeric" are selected. If the order then has a result value entered in the LAB RESULT field or a selection of "Normal" or "Abnormal" it will count in the numerator. |
|                                                                                                            | <b>Why</b>  | Having lab test results entered in the patient's record allows easy access when needed and enhances a provider's ability to make real-time decisions.                                                                                                                                                                                                                                                                              |

**Menu 3 - Patient Lists**

|                                                                                                        |             |                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>≥1<br/>List</p> | <b>What</b> | Generate at least one list of patients based on a specific condition.                                                                                                                                                                                                             |
|                                                                                                        | <b>How</b>  | Any patient search that is performed within the reporting period with a diagnosis code included in the search criteria will satisfy this objective for all providers in a practice. Once a search is successfully run, the MU scorecard will reflect completion of the objective. |
|                                                                                                        | <b>Why</b>  | Generating patient lists based on data in the electronic record helps providers better manage their patient base through efforts like focused staff education and patient outreach.                                                                                               |

**Menu 4 - Patient Reminders**

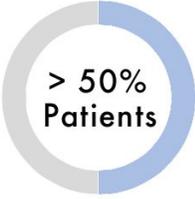
|                                                                                                                  |             |                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 20%<br/>Patients</p> | <b>What</b> | More than 20% of all patients ≤ 5 or ≥ 65 seen during the reporting period were sent an appropriate reminder.                                                                                                                                                                                                                               |
|                                                                                                                  | <b>How</b>  | <p>RevolutionEHR will automatically track e-mail reminders sent through the envelope icons found on the Appointment Details and Recall screens, or the "Email" button that appears when clicking a booked appointment on the schedule.</p> <p>Alternate forms of reminders are acceptable, but will require a manual count for scoring.</p> |
|                                                                                                                  | <b>Why</b>  | Patient reminders allow practices to keep patients aware of the need for care.                                                                                                                                                                                                                                                              |

**Menu 5 - Patient-Specific Education Resources**

|                                                                                                            |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 10% Patients</p> | <b>What</b> | More than 10% of unique patients are provided patient-specific education resources.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                            | <b>How</b>  | There are two ways to satisfy this objective in RevolutionEHR: <ul style="list-style-type: none"> <li>• Create and implement patient education rules that trigger based on problem list, medication list, or lab test results. After adding the Patient Education screen to the Assessment &amp; Plan step, the user will see these rules when applicable and can indicate the form of delivery in the “Confirmation Status” drop down list. Indicating form of delivery is the scoring action.</li> <li>• Click the Infobutton next to entries in diagnosis and medication lists. This will link to MedlinePlus Connect where additional information about the condition or medication can be discussed or provided to the patient. Clicking Infobutton is the scoring action.</li> </ul> |
|                                                                                                            | <b>Why</b>  | Patient-specific education enables providers to supply their patients with relevant information to help them better understand their diagnoses and, ultimately, make more informed decisions about their health.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

**Menu 6 - Medication Reconciliation**

|                                                                                                              |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50% Patients</p> | <b>What</b> | More than 50% of patients referred to the provider must have medication reconciliation performed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                              | <b>How</b>  | Any patient undergoing an inbound transition of care should have the “Transition of Care” checkbox on the RFV screen checked. These patients will represent the denominator. <p>Those patients who then have a consolidation between an external medication list and the one in RevolutionEHR can be said to have medication reconciliation performed. The user must then check the box on the Medication screen labeled “Medication Reconciliation Performed.” The patients who also had the “Transition of Care” checkbox checked will represent the numerator for the calculation.</p> |
|                                                                                                              | <b>Why</b>  | Patient safety is improved and errors are reduced when an accurate list of a patient’s current medications is obtained and consolidated within RevolutionEHR.                                                                                                                                                                                                                                                                                                                                                                                                                             |

| <b>Menu 7 - Transition of Care Summary</b>                                                                 |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>&gt; 50% Patients</p> | <b>What</b> | More than 50% of patients referred to another setting must have a Transition of Care document provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                            | <b>How</b>  | <p>Outbound transitions of care should be logged in the Referrals screen. Each referral logged adds to the denominator of the calculation.</p> <p>Transition of care records can be generated using the “Record Summary” button along the patient header bar or the “Generate Transition of Care” button within the Referrals screen. When this document is generated and supplied to the consulting provider, the “Document(s) Provided” box can be checked. Each referral that has the “Document(s) Provided” box checked will add to the numerator of the calculation.</p> |
|                                                                                                            | <b>Why</b>  | Providing a Transition of Care document to a consulting provider assists with coordination, continuity, and quality of care by supplying important information regarding the patient’s previous care.                                                                                                                                                                                                                                                                                                                                                                         |

| <b>Menu 8 - Immunization Registries Data Submission</b>                                        |             |                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>N/A</p> | <b>What</b> | The provider must perform at least one test of the EHR’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful unless the registries do not have the capacity to receive the information electronically.                                                                                                     |
|                                                                                                | <b>How</b>  | Since it is extremely rare that an eye care provider will administer an immunization, RevolutionEHR made a strategic decision not to certify for this objective and, instead, focus resources on criteria that are core to the practice of optometry and ophthalmology. Accordingly, RevolutionEHR users will claim an exclusion for this objective during attestation. |
|                                                                                                | <b>Why</b>  | Submission of immunization information to registries improves healthcare community awareness of historical data and allows vaccines to be provided at the proper intervals.                                                                                                                                                                                             |

| <b>Menu 9 - Syndromic Surveillance Submission</b>                                              |             |                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>N/A</p> | <b>What</b> | The provider must perform at least one test of the EHR’s capacity to submit electronic syndromic surveillance data to public health agencies and follow up submission if the test is successful unless the registries do not have the capacity to receive the information electronically.                                                                                   |
|                                                                                                | <b>How</b>  | Since it is extremely rare that an eye care provider will diagnose a syndromic condition, RevolutionEHR made a strategic decision not to certify for this objective and, instead, focus resources on criteria that are core to the practice of optometry and ophthalmology. Accordingly, RevolutionEHR users will claim an exclusion for this objective during attestation. |
|                                                                                                | <b>Why</b>  | Submission of syndromic data to registries improves public health on a local and national level by allowing decision makers to analyze epidemiological trends and reduce public health threats.                                                                                                                                                                             |