

Meaningful Use Core Measures

Must meet all 13 core set measures

Core Measure Number	Objective	Measure
1	Use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines	More than 30% of patients with at least one medication in their medication list have at least one medication ordered through CPOE Alternate Measure: More than 30% of medication orders created by the EP during the EHR reporting period are recorded using CPOE.
2	Implement drug-drug and drug-allergy interaction checks	Functionality is enabled for these checks for the entire reporting period.
3	Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients have at least one entry or inclusion that no problems are known for the patient recorded as structured data
4	Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions are transmitted electronically using certified EHR technology
5	Maintain an active medication list	More than 80% of all unique patients have at least one entry or inclusion that no problems are known for the patient recorded as structured data
6	Maintain an up-to-date medication allergy list	More than 80% of patient have at least one entry or inclusion that no known problems are known for the patients recorded as structured data.
7	Record patient demographics (preferred language, gender, race, ethnicity, date of birth)	More than 50% of all unique patients have demographic data recorded as structured data.
8	Record vital signs and chart changes (height, weight, blood pressure, calculate and display body-mass index, plot and display growth charts for children)	More than 50% of patients two years of age or older have height, weight, and blood pressure recorded as structured data. Recording blood pressure is required for patients ages 3 and older, and recording height and weight is required for all ages.
9	Record smoking status for patients 13 years of age or older	More than 50% of patients 13 years of age or older have smoking status recorded as structured data
10	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with this rule	One clinical decision support rule implemented
11	Provide patients the ability to view online, download and transmit their health information within 4 business days of the information being available to the EP	More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely (within 4 business days after the information is available to the EP) online access to their health information subject to the EP's discretion to withhold certain information
12	Provide patients with clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within three business days
13	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	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 and correct identified security deficiencies as part of its risk management process

Meaningful Use Measures

Meaningful Use Menu Measures

Must meet 5 of the 9 menu set measures

Must pick one public health measure (designated as **PH**)

Menu Measure Number	Objective	Measure
1	Implement drug formulary checks	Drug formulary check system is implemented and has access to at least one internal or external drug formulary for the entire reporting period
2	Incorporate clinical laboratory test results into EHRs as structured data	More than 40% of clinical laboratory test results order by the EP during the EHR reporting period whose results are in positive/negative or numerical format are incorporated into EHR technology as structured data
3	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach	Generate at least one report listing patients of the EP with a specific condition
4	Send reminders to patients (per patient preference) for preventive/follow-up care	More than 20% of all patients 65 years of age or older or five years of age or younger are sent appropriate reminders during the EHR reporting period
5	Use certified EHR technology to identify patient-specific education resources and provide those to the patient as appropriate	More than 10% of all unique patients are provided patient-specific education resources
6	Perform medication reconciliation between care settings	Medication reconciliation is performed for more than 50% of transitions of care in which the patient is transitioned into the care of the EP
7	Provide summary of care record for patients referred or transitioned to another provider or setting	Summary of care record is provided for more than 50% of patient transitions or referrals
8 PH	Submit electronic immunization data to immunization registries or immunization information systems and actual submission according to applicable law and practice	Perform at least one test of data submission and follow-up submission (where registries can accept electronic submissions)
9 PH	Submit electronic syndromic surveillance data to public health agencies	Perform at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically)

Meaningful Use Measures

Meaningful Use Clinical Quality Core Measures

Must report 9 Clinical Quality Measures. There are two recommended measure sets: one for providers working with adult populations and one for providers working with pediatric populations. Providers are free to select other measures from the set of 64, but their selections must include measures from at least three of the six National Quality Strategy domains: *Patient and Family Engagement, Care Coordination, Efficient Use of Healthcare Resources, Clinical Process/Effectiveness, Patient Safety, and Population/Public Health.*

Recommended Adult CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Controlling High Blood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.	Clinical Process/Effectiveness	0018
Use of High-Risk Medications in the Elderly	Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported. a. Percentage of patients who were ordered at least one high-risk medication. b. Percentage of patients who were ordered at least two different high-risk medications.	Patient Safety	0022
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	Population/Public Health	0028
Use of Imaging Studies for Low Back Pain	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Efficient use of Healthcare Resources	0052
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.	Population/Public Health	0418
Documentation of Current Medications in Medical Record	Percentage of specified visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications to the best of his/her knowledge and ability. This list <u>must</u> include ALL prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND <u>must</u> contain the medications' name, dosage, frequency and route of administration.	Patient Safety	0419
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Percentage of patients aged 18 years and older with an encounter during the reporting period with a documented calculated BMI during the encounter or during the previous six months AND when the BMI is outside of normal parameters, follow-up plan is documented during the encounter or during the previous 6 months of the encounter with the BMI outside of normal parameters. Normal Parameters: Age 65 years and older BMI ≥ 23 and < 30 Age 18-64 years BMI ≥ 18.5 and < 25	Population/Public Health	0421
Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Care Coordination	
Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	Patient/Family Engagement	

Meaningful Use Measures

Recommended Pediatric CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Appropriate Testing for Children with Pharyngitis	Percentage of children 2-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.	Efficient Use of Healthcare Resources	0002
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/ Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. <ul style="list-style-type: none"> Percentage of patients with height, weight, and body mass index (BMI) percentile documentation Percentage of patients with counseling for nutrition Percentage of patients with counseling for physical activity 	Patient Safety	0024
Chlamydia Screening for Women	Percentage of women 16- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement period.	Population/Public Health	0033
Use of Appropriate Medications for Asthma	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.	Clinical Process/ Effectiveness	0036
Childhood Immunization Status	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Population/Public Health	0038
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Percentage of children 3 months-18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode.	Efficient Use of Healthcare Resources	0069
ADHD: Follow-Up care or Children Prescribed ADHD Medication	Percentage of children 6-12 years of age and newly dispensed a medication for attention-deficit/ hyperactivity disorder (ADHD) who had appropriate follow-up care. Two rates are reported. <ol style="list-style-type: none"> Percentage of children who had one follow-up visit with a practitioner with prescribing authority during the 30-Day Initiation Phase. Percentage of children who remained on ADHD medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two additional follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended. 	Clinical Process/ Effectiveness	0108
Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow up plan is documented on the date of the positive screen.	Population/Public Health	0418
Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.	Clinical Process/ Effectiveness	

Meaningful Use Measures

Meaningful Use Clinical Quality Measures: Additional Clinical Quality Measures

You will have to provide numerator and denominator values for the measure.

Additional CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Diabetes: Hemoglobin A1c Poor Control	Percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c >9.0%	Clinical Process/ Effectiveness.	0059
Diabetes: Low Density Lipoprotein (LDL) Management and Control	Percentage of patients 18 to 75 years of age with diabetes (type 1 or type 2) who had LDL-C <100mg/dL	Clinical Process/ Effectiveness.	0064
Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Block (ARB) for Left Ventricular Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy	Clinical Process/ Effectiveness.	0081
Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior MI	Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed betablocker therapy	Clinical Process/ Effectiveness.	0070
Breast Cancer Screening	Percentage of women 40 to 69 years of age who had a mammogram to screen for breast cancer	Clinical Process/ Effectiveness.	0031
Colorectal Cancer Screening	Percentage of adults 50 to 75 years of age who had appropriate screening for colorectal cancer	Clinical Process/ Effectiveness.	0034
Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy	Clinical Process/ Effectiveness.	0083
Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits, who have an optic nerve head evaluation during one or more office visits within 12 months.	Clinical Process/ Effectiveness.	0086
Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.	Clinical Process/ Effectiveness.	0088
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.	Clinical Process/ Effectiveness.	0089

Meaningful Use Measures

Additional CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Falls: Screening for Future Fall Risk	Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period.	Clinical Process/ Effectiveness.	0101
Preventive Care and Screening: Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization	Population/ Public Health.	0041
Pneumonia Vaccination Status for Older Adults	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Clinical Process/ Effectiveness.	0043
Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients	Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.	Clinical Process/ Effectiveness.	0385
Diabetes: Eye Exam	Percentage of patients 18 to 75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional	Clinical Process/ Effectiveness.	0055
Diabetes Urine Protein Screening	Percentage of patients 18 to 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy	Clinical Process/ Effectiveness.	0062
Diabetes: Foot Exam	Percentage of patients aged 18 to 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam)	Clinical Process/ Effectiveness.	0056
Hemoglobin A1c Test for Pediatric Patients	Percentage of patients 5-17 years of age with diabetes with an HbA1c test during the measurement period	Clinical Process/ Effectiveness	0060
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year	Clinical Process/ Effectiveness	0068
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement	Percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit	Clinical Process/ Effectiveness	0004
Controlling High Blood Pressure	Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year	Clinical Process/ Effectiveness.	0018
Cervical Cancer Screening	Percentage of women 21 to 64 years of age who received one or more Pap tests to screen for cervical cancer	Clinical Process/ Effectiveness.	0032
Chlamydia Screening in Women	Percentage of women 15 to 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year	Population/ Public Health.	0033

Meaningful Use Measures

Additional CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Low Back Pain: Use of Imaging Studies	Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis	Efficient Use of Healthcare Resources	0052
Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control	Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C was <100 mg/dL	Clinical Process/ Effectiveness.	0075
Major Depressive Disorder (MDD): Suicide Risk Assessment	Percentage of patients aged 18 years and older with a new diagnosis or recurrent episode of MDD who had a suicide risk assessment completed at each visit during the measurement period.	Clinical Process/ Effectiveness.	0104
Anti-depressant Medication Management	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported. a. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). b. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Clinical Process/ Effectiveness.	0105
Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	Percentage of patients with depression or bipolar disorder with evidence of an initial assessment that includes an appraisal for alcohol or chemical substance use.	Clinical Process/ Effectiveness.	0110
Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	Patient and Family Engagement.	0384
Breast Cancer: Hormonal Therapy for Stage IC-IIIc Estrogen Receptor/ Progesterone Receptor (ER/PR) Positive Breast Cancer	Percentage of female patients aged 18 years and older with Stage IC through IIIc, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period	Clinical Process/ Effectiveness.	0387
HIV/AIDS: Medical Visit	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with at least two medical visits during the measurement year with a minimum of 90 days between each visit.	Clinical Process/ Effectiveness	0403
HIV/AIDS: Pneumocystis jiroveci pneumonia (PCP) Prophylaxis	Percentage of patients aged 6 weeks and older with a diagnosis of HIV/AIDS who were prescribed Pneumocystis jiroveci pneumonia (PCP) prophylaxis	Clinical Process/ Effectiveness.	0405
HIV/AIDS: RNA control for Patients with HIV	Percentage of patients aged 13 years and older with a diagnosis of HIV/AIDS, with at least two visits during the measurement year, with at least 90 days between each visit, whose most recent HIV RNA level is <200 copies/mL.	Clinical Process/ Effectiveness.	0407
Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and had any of a specified list of surgical procedures in the 30 days following cataract surgery which would indicate the occurrence of any of the following major complications: retained nuclear fragments, endophthalmitis, dislocated or wrong power IOL, retinal detachment, or wound dehiscence.	Patient Safety.	0564
Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	Percentage of patients aged 18 years and older with a diagnosis of uncomplicated cataract who had cataract surgery and no significant ocular conditions impacting the visual outcome of surgery and had best-corrected visual acuity of 20/40 or better (distance or near) achieved within 90 days following the cataract surgery.	Clinical Process/ Effectiveness.	0565

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Additional CQM	Measure Description	National Quality Strategy Domain	Source – NQF
Pregnant women that had HBsAg testing	This measure identifies pregnant women who had a HBsAg (hepatitis B) test during their pregnancy	Clinical Process/ Effectiveness.	0608
Depression Remission at Twelve Months	Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as PHQ-9 score less than 5. This measure applies to both patients with newly diagnosed and existing depression whose current PHQ-9 score indicates a need for treatment.	Clinical Process/ Effectiveness.	0710
Depression Utilization of the PHQ-9 Tool	Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during a 4 month period in which there was a qualifying visit.	Clinical Process/ Effectiveness.	0712
Children who have dental decay or cavities	Percentage of children, ages 0-20 years, who have had tooth decay or cavities during the measurement period.	Clinical Process/ Effectiveness.	NA
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder with an assessment for suicide risk.	Patient Safety.	NA
Maternal depression screening	The percentage of children who turned 6 months of age during the measurement year, who had a face-to-face visit between the clinician and the child during child's first 6 months, and who had a maternal depression screening for the mother at least once between 0 and 6 months of life.	Population/ Public Health.	NA
Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Percentage of children, age 0-20 years, who received a fluoride varnish application during the measurement period	Clinical Process/ Effectiveness.	NA
Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed	Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL-C test has been performed.	Clinical Process/ Effectiveness.	NA
Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C)	Percentage of patients aged 20 through 79 years who had a fasting LDL-C test performed and whose risk-stratified fasting LDL-C is at or below the recommended LDL-C goal.	Clinical Process/ Effectiveness.	NA
Dementia: Cognitive Assessment	Percentage of patients, regardless of age, with a diagnosis of dementia for whom an assessment of cognition is performed and the results reviewed at least once within a 12 month period.	Clinical Process/ Effectiveness.	NA
Hypertension: Improvement in blood pressure	Percentage of patients aged 18-85 years of age with a diagnosis of hypertension whose blood pressure improved during the measurement	Clinical Process/ Effectiveness.	NA
Closing the referral loop: receipt of specialist report	Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Care Coordination.	NA
Functional status assessment for knee replacement	Percentage of patients aged 18 years and older with primary total knee arthroplasty (TKA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patient and Family Engagement.	NA
Functional status assessment for hip replacement	Percentage of patients aged 18 years and older with primary total hip arthroplasty (THA) who completed baseline and follow-up (patient-reported) functional status assessments.	Patient and Family Engagement.	NA
Functional status assessment for complex chronic conditions	Percentage of patients aged 65 years and older with heart failure who completed initial and follow-up patient-reported functional status assessments	Patient and Family Engagement.	NA
ADE Prevention and Monitoring: Warfarin Time in Therapeutic Range	Average percentage of time in which patients aged 18 and older with atrial fibrillation who are on chronic warfarin therapy have International Normalized Ratio (INR) test results within the therapeutic range (i.e., TTR) during the measurement period.	Patient Safety.	NA
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading as indicated	Population/ Public Health.	NA