

The Massachusetts Medicaid Electronic Health Records (EHR) Incentive Payment Program

2013 Changes to Stage 1 Meaningful Use



The Centers for Medicaid & Medicare (CMS) has announced some changes to Stage 1 Meaningful Use objectives, measures, and exclusions, for eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) for 2013. Please use this document as a primer for the changes.

To learn more, please visit masstech.mehi.org.



Computerized Provider Order Entry (CPOE)

The current measure for the objective of computerized provider order entry (CPOE) is based on the number of unique patients with a medication in their medication list that was entered using CPOE. In 2013, CMS is adding an optional alternate measure. The new alternate measure is based on the total number of medication orders created during the EHR reporting period. In order to achieve meaningful use, an EP, EH, or CAH, may select either measure for this objective in Stage 1. (Please note that this alternative measure will be required for all providers in Stage 2.)

Alternate Measure

More than 30 percent of medication orders created by the EP or authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using CPOE.



Reporting on Clinical Quality Measures (CQMs)

In 2014, there will no longer be a separate objective for reporting ambulatory or hospital clinical quality measures as a part of meaningful use. It is important to note, however, that in order to achieve meaningful use, EPs, EHs, and CAHs, will still be required to report on clinical quality measures.



E-Prescribing

In 2013, CMS is adding an additional exclusion to the objective of electronic prescribing.

The new exclusion is for EPs who do not have a pharmacy within their organization, and there are no pharmacies that accept electronic prescriptions within 10 miles of the EPs' practice location at the start of the EHR reporting period.



Electronic Exchange of Key Clinical Information

In 2013, the objective for electronic exchange of key clinical information is no longer required for Stage 1 for EPs, EHs, and CAHs, and will not be available as an objective in MAPIR.

Providers faced numerous challenges in understanding the requirements for this objective so CMS eliminated it as an objective in Stage 1. Note that Stage 2 objectives have a more robust requirement. Providers will be required to provide electronic summary of care records following transitions of care or referrals as well as connect to the Health Information Exchange (HIE).



Recording Vital Signs

CMS is changing the measure for the objective of recording and charting changes in vital signs for EPs, EHs, and CAHs. The current measure specifies that vital signs must be recorded for more than 50 percent of all unique patients ages 2 and above. The new measure specifies recording blood pressure for patients ages 3 and above and recording height and weight for patients of all ages.

The exclusions for this objective for EPs are also changing. The current exclusions only allow an EP to claim the exclusion if all three vital signs (height, weight, and blood pressure) are not relevant to their scope of practice or if the EP sees no patients 2 years or older.

However, under the new Stage 1 changes, an EP can claim an exclusion if the EP sees no patients 3 years or older (the EP would not have to record blood pressure), if all three vital signs are not relevant to their scope of practice (the EP would not record any vital signs), if height and weight are not relevant to their scope of practice (the EP would still record blood pressure), or if blood pressure is not relevant to their scope of practice (the EP would still record height and weight).

Please note that this new measure and these new exclusions are optional in 2013 but will be required in 2014 and beyond.

New Measure

More than 50 percent of all 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 have blood pressure (for patients age 3 and over only) and height and weight (for all ages) recorded as structured data.

New Exclusion

Any EP who

1. Sees no patients 3 years or older is excluded from recording blood pressure;
2. Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;
3. Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or
4. Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.



Public Health Reporting Objectives

In 2013, all Stage 1 public health objectives (submitting data to an immunization registry, submitting data to a syndromic surveillance database, or submitting reportable lab results to a public health agency) will require that providers perform at least one test of their certified EHR technology's capability to send data to public health agencies, except where prohibited. The intent of this modification is to encourage all EPs, EHs, and CAHs, to submit public health data, even when not required by State/local law. Therefore, if providers are authorized to submit the data, they should do so even if it is not required by either law or practice. If the test of submission is successful, providers should institute regular reporting with the entity with whom the successful test was conducted.

Contact Information

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