



Electronic Prescribing, Clinical Decision Support, and Computerized Provider Order Entry

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- Understand the Medicaid PI Program requirements for:
 - Objective 2: Electronic Prescribing (eRx)*
 - Objective 3: Clinical Decision Support (CDS)**
 - Objective 4: Computerized Provider Order Entry (CPOE)
- Understand the differences in objectives 2 - 4 between Program Year (PY) 2018 and 2019.
- Learn about the documentation requirements for objectives 2 - 4.

*Topic covered in "[AHCCCS Program Year 2019 – Electronic Prescribing](#)" presentation.

**Topic covered in "[AHCCCS Program Year 2019 – Clinical Decision Support](#)" presentation.



Objective 4 – Computerized Provider Order Entry

Computerized Provider Order Entry

- **Objective:** Use CPOE for medication, laboratory, and diagnostic imaging orders directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant, who can enter orders into the medical record per state, local, and professional guidelines.

Computerized Provider Order Entry

- An EP, through a combination of meeting the thresholds and exclusions (or both), must satisfy all three measures for this objective:
 - **Measure 1:** More than 60 percent of medication orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
 - **Measure 2:** More than 60 percent of laboratory orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.
 - **Measure 3:** More than 60 percent of diagnostic imaging orders created by the EP during the PI (EHR) reporting period are recorded using computerized provider order entry.

Computerized Provider Order Entry

Definition of Terms

- **CPOE:** A provider's use of computer assistance to directly enter medical orders (for example, medications, consultations with other providers, laboratory services, imaging studies, and other auxiliary services) from a computer or mobile device.
 - CPOE is the entry of the order into the patient's EHR that uses a specific function of CEHRT. CPOE does not otherwise specify how the order is filled or otherwise carried out.
- **Diagnostic Imaging:** Includes other imaging tests such as ultrasound, magnetic resonance, and computed tomography in addition to traditional radiology.
- **Laboratory Order:** An order for any service provided by a laboratory that could not be provided by a non-laboratory.

Computerized Provider Order Entry

Definition of Terms

- **Laboratory:** A facility for the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.
 - These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
 - Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.
- **Radiology Order:** An order for any imaging service that uses electronic product radiation. The EP can include orders for other types of imaging services that do not rely on electronic product radiation in this definition, as long as the policy is consistent across all patients and for the entire PI (EHR) reporting period.

Computerized Provider Order Entry

- EPs are permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using CEHRT.
- To count in the numerator, the CPOE function must be used to create the first record of the order that becomes part of the patient's medical record and before any action can be taken on the order.
- In some situations, it may be impossible or inadvisable to wait to initiate an intervention until a record of the order has been created.
 - For example, situations where an intervention is identified and immediately initiated by the EP, or initiated immediately after a verbal order by the ordering EP to a licensed healthcare professional under his or her direct supervision.
 - In these situations, as long as the first record of that order as it becomes part of the patient's medical record is entered by a licensed healthcare professional, certified medical assistant or other appropriately credentialed staff member using CPOE, it would count in the numerator.

Computerized Provider Order Entry

- Orders need to be directly entered by any licensed healthcare professional, credentialed medical assistant, or a medical staff member credentialed to and performing the equivalent duties of a credentialed medical assistant.
- Any licensed health care professional and clinical staff credentialed to and with the duties equivalent of a medical assistant, or is appropriately credentialed and performs assistive services similar to a medical assistant, but carries a more specific title due to either specialization of their duties or to the specialty of the medical professional they assist, can enter orders into the medical record for purposes of including the order in the numerator if they can originate the order per state, local, and professional guidelines.
- It is up to the EP to determine the proper credentialing, training, and duties of the medical staff entering the orders as long as they fit within the guidelines prescribed.
- Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.

Computerized Provider Order Entry

- Orders involving telehealth or remote communication (such as phone orders) may be included in the numerator as long as the order entry otherwise meets the requirements of the measures.
- EPs may exclude orders that are predetermined for a given set of patient characteristics or for a given procedure (also known as “protocol” or “standing orders”) from the calculation of CPOE numerators and denominators. This does not require EPs to exclude this category of orders from their numerator and denominator.

Changes from Modified Stage 2 to Stage 3

CPOE	2018	2019
Meaningful Use Objective	Objective 3	Objective 4
Meaningful Use Stage	Modified Stage 2	Stage 3
Measure 1 Threshold	More than 60%	More than 60%
Measure 2 Threshold	More than 30%	More than 60%
Measure 3 Threshold	More than 30%	More than 60%
Measure 3	Radiology orders only	All diagnostic imaging orders

Exclusions

- **Exclusion:**
 - EP is not required to submit data or meet the measure.
 - EP must submit documentation of how he/she met the exclusion.
- **Exclusion for Objective 4 Computerized Provider Order Entry:**
 - Number of medication orders criteria
 - Number of laboratory orders criteria
 - Number of diagnostic imaging orders criteria

Computerized Provider Order Entry Exclusions

- An EP may take an exclusion for the appropriate measure if:
 - **Measure 1:** An EP who writes fewer than 100 medication orders during the PI (EHR) reporting period may take an exclusion.
 - **Measure 2:** An EP who writes fewer than 100 laboratory orders during the PI (EHR) reporting period may take an exclusion.
 - **Measure 3:** An EP who writes fewer than 100 diagnostic imaging orders during the PI (EHR) reporting period may take an exclusion.

Exclusion Documentation for Computerized Provider Order Entry

- Writes fewer than 100 orders for the applicable measure.
 - The CEHRT dashboard shows that the EP wrote fewer than 100 orders for the applicable measure during the PI (EHR) reporting period;
- OR**
- Provide supporting documentation, other than the CEHRT dashboard, that demonstrates the EP has fewer than 100 orders for the applicable measure.

Documentation for Computerized Provider Order Entry

- A CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:
 - Provider's Name;
 - Numerator;
 - Denominator; and
 - Measure Percentage.

*In certain situations a non-CEHRT generated report may be necessary. The use of non-CEHRT generated reports may be permitted upon AHCCCS review and approval.



Audit Findings

What Happens During an Audit?

- All providers that receive a Medicaid PI incentive payment could potentially be selected by AHCCCS for post-payment audit.
- If selected, AHCCCS post-payment analysts will conduct a thorough review of the documentation attached to the EP's attestation in ePIP to determine if it meets the program requirements.
- AHCCCS may have follow-up questions or make additional documentation requests.

Common Audit Findings

- Failure to provide sufficient documentation for eRx, CDS, and CPOE objectives.
- The CEHRT dashboard does not show the PI (EHR) reporting period or EP name.
- Failure to maintain proper documentation and practice no longer has access to the CEHRT.
- Supporting documentation does not have the appropriate dates.
- Including data for the entire practice in the reported CEHRT report rather than data for the individual EP.

Resources

- [CMS Objective 2 Tip Sheet](#)
- [CMS Objective 3 Tip Sheet](#)
- [CMS CDS Tip Sheet](#)
- [CMS Objective 4 Tip Sheet](#)
- [Federal Final Rule - Modified Stage 2 and Stage 3](#)
- [AHCCCS Program Year 2019 – Electronic Prescriptions FAQ*](#)
- [AHCCCS Program Year 2019 – Clinical Decision Support FAQ*](#)
- [AHCCCS Program Year 2019 – Computerized Provider Order Entry FAQ*](#)
- [Documentation Retention Webinar](#)

*To access the AHCCCS Program Year 2019 – eRx, CDS, and CPOE FAQ click on the links above, then click the drop down arrow labeled “Educational Resources”. The FAQ link is included under the “Tip Sheets” header.

Contact Information

Agency	Help With	Email	Phone
AHCCCS	PI Program	EHRIncentivePayments@azahcccs.gov	(602) 417-4333
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Questions?

Thank You.