

STAGE 1 CHANGES - MEDICAID EHR INCENTIVE PROGRAM

Subject	Change	Comment
Taking effect Oct 1, 2012 for EHs and Jan 1, 2013 for EPs		
MU Core - Computerized Provider Order Entry (CPOE)	Changes denominator from number of unique patients to total number of medication orders	Optional in 2013 and beyond
MU Core - E-prescribing (eRx)	Adding exclusion: no pharmacy that accepts electronic prescriptions within a 10 mile radius of EP	Required 2013 and beyond
MU Core - Vital Signs	Amends age limit to age ≥ 3 for BP and height/weight to all ages Also changes exclusions: sees no patients ≥ 3 or no relevance to scope of practice (splits out BP from height and weight)	Optional in 2013, required in 2014 and beyond
MU Core - Electronic Exchange of Key Clinical Information	No longer required	Required 2013 and beyond - moving to more robust electronic exchange (summary of care record)
MU Core - Report CQMs	Delete as separate objective	Redundant - required 2013 and beyond
MU Menu - Public Health Reporting	Perform at least one test of ability to send data to PH agencies, unless prohibited	Required 2013 and beyond
Taking effect in 2014 (Stage 1)		
Electronic Access to Health Information	Replaces several objectives for providing electronic copies and electronic access of health information with objectives for online access	Aligns with 2014 certified EHR technology standards
Exclusions for Menu Objectives	No Exclusions for the five MU menu objectives if there are other menu objectives which can be selected	Required 2014
Effective for program year 2013		
Patient Volume calculation	Can include zero paid claim encounters	Includes denied claims (except for Medicaid ineligibility), third party liability paid, encounters with no claim filed, etc.
	Can include Medicaid expansion programs funded by Title XXI funds	Can count MCHIP (0-5 children) but not Health Choice
	Can use any 90-day reporting period in the 12 months preceding the attestation	States decide whether to offer this option

