Florida Medicaid Incentive Program

Meaningful Use Stage One

CORE Measures for Eligible Professionals

Program Year 2013

Objective	Measure	Exclusions	Numerator	Denominator
CPOE FOR MEDICATION ORDERS Use Computerized Physician 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 percent of all unique patients with at least one medication in their medication list seen by the EP have at least one medication order entered using CPOE. ALTERNATE MEASURE More than 30 percent of total medication orders are created using CPOE during the EHR reporting period.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period.	The number of patients in the denominator that have at least one medication order entered using CPOE. ALTERNATE NUMERATOR Number of medication orders created using CPOE during the EHR reporting period.	Number of unique patients with at least one medication in their medication list seen by the EP during the EHR reporting period. ALTERNATE DENOMINATOR Number of medication orders created during the EHR reporting period.
DRUG INTERACTION CHECKS Implement drug-drug and drug-allergy interaction checks.	The EP has enabled this functionality for the entire EHR reporting period.	No exclusion.	Yes or No	
MAINTAIN PROBLEM LIST Maintain an up-to-date problem list of current and active diagnoses.	More than 80 percent of all unique patients seen by the EP have at least one entry or an indication that no problems are known for the patient recorded as structured data.	No exclusion.	Number of patients in the denominator who have at least one entry or an indication that no problems are known for the patient recorded as structured data in their problem list.	Number of unique patients seen by the EP during the EHR reporting period.

Objective	Measure	Exclusion	Numerator	Denominator
E-PRESCRIBING (eRX) Generate and transmit permissible prescriptions electronically (eRx).	More than 40 percent of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.	Any EP who writes fewer than 100 prescriptions during the EHR reporting period. <u>ADDITIONAL EXCLUSION</u> An EP that does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period.	Number of prescriptions in the denominator generated and transmitted electronically.	Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the EHR reporting period.
ACTIVE MEDICATION LIST Maintain active medication list.	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	No exclusion.	Number of patients in the denominator who have a medication (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	Number of unique patients seen by the EP during the EHR reporting period.
MEDICATION ALLERGY LIST Maintain active medication allergy list.	More than 80 percent of all unique patients seen by the EP have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	No exclusion.	Number of unique patients in the denominator who have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data in their medication allergy list.	Number of unique patients seen by the EP during the EHR reporting period.

Objective	Measure	Exclusion	Numerator	Denominator
RECORD DEMOGRAPHICS Record all of the following demographics: A. Preferred language B. Gender C. Race D. Ethnicity E. Date of birth Race and ethnicity codes should follow current federal standards published by the Office of Management and Budget.	More than 50 percent of all unique patients seen by the EP have demographics recorded as structured data.	No exclusion.	Number of patients in the denominator who have all the elements of demographics (or a specific exclusion if the patient declined to provide one or more elements or if recording an element is contrary to state law) recorded as structured data.	Number of unique patients seen by the EP during the EHR reporting period.
RECORD VITAL SIGNS Record and chart changes in the following vital signs: A. Height B. Weight C. Blood Pressure D. Calculate and display body mass index (BMI) E. Plot and display growth charts for children 2-20 years, including BMI.	For more than 50 percent of all unique patients age 2 and over seen by the EP, height, weight, and blood pressure are recorded as structured data. ALTERNATE MEASURE: More than 50 percent of all unique patients seen by the EP 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.	Any EP who either sees no patients 2 years or older, or who believes that all three vital signs of height, weight, and blood pressure of their patients have no relevance to their scope of practice. EXCLUSIONS FOR ALTERNATE MEASURE • Sees no patients 3 years or older is excluded from recording blood pressure. • Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluding from recording them. • Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure. • Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.	Number of patients in the denominator who have at least one entry of their height, weight and blood pressure are recorded as structured data. ALTERNATE NUMERATOR Number of patients in the denominator who have at least one entry of their height, weight (all ages) and/or blood pressure (ages 3 and over) recorded as structured data.	Number of unique patients age 2 or over seen by the EP during the EHR reporting period. ALTERNATE DENOMINATOR Number of unique patients seen by the EP during the EHR reporting period.

Objective	Measure	Exclusion	Numerator	Denominator
RECORD SMOKING STATUS Record smoking status for patients 13 years old or older.	More than 50 percent of all unique patients 13 years old or older seen by the EP have smoking status recorded as structured data.	Any EP who sees no patients 13 years or older.	Number of patients in the denominator with smoking status recorded as structured data.	Number of unique patients age 13 or older seen by the EP during the EHR reporting period.
CLINICAL DECISION SUPPORT RULE Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule.	Implement one clinical decision support rule.	No exclusion.	Answer Yes or No	
ELECTRONIC COPY OF HEALTH INFORMATION Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies) upon request.	More than 50 percent of all patients who request an electronic copy of their health information are provided it within 3 business days.	Any EP that has no requests from patients or their agents for an electronic copy of patient health information during the EHR reporting period.	Number of patients in the denominator who receive an electronic copy of their electronic health information within three business days.	Number of patients of the EP who request an electronic copy of their electronic health information four business days prior to the end of the EHR reporting period.
CLINICAL SUMMARIES Provide clinical summaries for patients for each office visit.	Clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days.	Any EP who has no office visits during the EHR reporting period.	Number of office visits in the denominator for which the patient is provided a clinical summary within three business days.	Number of office visits by the EP during the EHR reporting period.
PROTECT ELECTRONIC HEALTH INFORMATION 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.	No exclusion.	Answer Yes or No	

Program details can be found at www.ahca.myflorida.com/MedicaidEHR.