

**Medicaid Promoting Interoperability (PI) Program Frequently Asked Questions:
Program Year 2019 Computerized Provider Order Entry**

#	Question and Answer
1	<p>Q: How does an eligible professional (EP) meet the computerized provider order entry (CPOE) objective?</p> <p>A: An EP must satisfy all three measures identified below for this objective through a combination of meeting the thresholds and exclusions during the PI (EHR) reporting period.</p> <ul style="list-style-type: none"> • Measure 1: More than 60 percent of medication orders created by the EP are recorded using CPOE. • Measure 2: More than 60 percent of laboratory orders created by the EP are recorded using CPOE. • Measure 3: More than 60 percent of diagnostic imaging orders created by the EP are recorded using CPOE.
2	<p>Q: What is CPOE?</p> <p>A: CPOE is 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.</p> <p>CPOE is the entry of the order into the patient's EHR that uses a specific function of certified electronic health record technology (CEHRT). CPOE does not otherwise specify how the order is filled or otherwise carried out.</p>
3	<p>Q: What is diagnostic imaging?</p> <p>A: Diagnostic imaging includes other imaging tests such as ultrasound, magnetic resonance, and computed tomography in addition to traditional radiology.</p>
4	<p>Q: What is a laboratory order?</p> <p>A: A laboratory order is an order for any service provided by a laboratory that could not be provided by a non-laboratory.</p>
5	<p>Q: What is a laboratory?</p> <p>A: A laboratory is 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.</p> <p>These examinations also include procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.</p> <p>Facilities only collecting or preparing specimens (or both) or only serving as a mailing service and not performing testing are not considered laboratories.</p>

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6	<p>Q: What is a radiology order?</p> <p>A: A radiology order is 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.</p>
7	<p>Q: Is an EP required to limit the measure of objective 4 to those patients whose records are maintained with CEHRT?</p> <p>A: No, an EP is permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using CEHRT.</p>
8	<p>Q: Would a patient be included in the measure if a patient is seen twice during the PI (EHR) reporting period and the CPOE function was only used on the second visit but not the first visit?</p> <p>A: No, for a patient to count in the numerators, 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.</p> <p>Exception: In some situations, it may be impossible or inadvisable to wait to initiate an intervention until a record of the order has been created.</p> <ul style="list-style-type: none"> • 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 numerators.
9	<p>Q: Is any person able to enter the orders into the CEHRT for it to count in the numerators?</p> <p>A: No, 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.</p> <p>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 numerators if they can originate the order per state, local, and professional guidelines.</p> <p>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.</p> <p>Credentialing for a medical assistant must come from an organization other than the organization employing the medical assistant.</p>

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10	Q: Would orders involving telehealth or remote communication (such as a phone order) be included in the numerators?
	A: Yes, orders involving telehealth or remote communication (such as phone orders) may be included in the numerators as long as the order entry otherwise meets the requirements of the measures.
11	Q: Can the EP choose to exclude any orders from the numerators or denominators?
	A: Yes, 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 numerators and denominators. The predetermined orders exclusions should be consistent in the numerators and denominators.
12	Q: What changed between Modified Stage 2 (2018) and Stage 3 (2019) for objective 4?
	A: The following changes occurred between Modified Stage 2 (2018) and Stage 3 (2019) for objective 4: <ul style="list-style-type: none"> • All measures: The objective was formerly objective 3 in Program Year 2018 for Modified Stage 2. It is now objective 4 in Program Year 2019 for Stage 3. • Measure 2: The threshold increased from 30% to 60%. • Measure 3: The threshold increased from 30% to 60%. • Measure 3: During Modified Stage 2 (2018) only radiology orders were included. However, during Stage 3 (2019) all diagnostic imaging orders were included.
13	Q: What exclusions are available to an EP for objective 4?
	A: An EP may take an exclusion for the appropriate measure if the appropriate exclusion applies: <ul style="list-style-type: none"> • 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.

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14	<p>Q: What should the documentation show to reflect that the EP meets the appropriate exclusion discussed in the previous question?</p> <p>A: The following types of documentation would be sufficient to support that the EP meets the appropriate exclusion:</p> <ul style="list-style-type: none"> • 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.
15	<p>Q: What should the documentation show to reflect the EP meets objective 4?</p> <p>A: The EP should submit a CEHRT-generated dashboard* for the selected PI (EHR) reporting period that shows the following:</p> <ul style="list-style-type: none"> • Provider's Name • Numerator • Denominator • Measure Percentage <p>*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.</p>