MEDICAID PROMOTING INTEROPERABILITY PROGRAM ELIGIBLE PROFESSIONALS OBJECTIVES AND MEASURES FOR 2020 AND 2021
OBJECTIVE 4 of 8

Computerized Provider Order Entry (CPOE)	
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.
Measures	An EP must satisfy all three measures for this objective through a combination of meeting the thresholds and exclusions.
	Measure 1: More than 60 percent of medication orders created by the EP during the 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 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 EHR reporting period are recorded using computerized provider order entry.
Exclusions	**Measure 1:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.
	Measure 2: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.
	Measure 3: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

Table of Contents

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.

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.

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 EHR reporting period.

Attestation Requirements

Measure 1:

- DENOMINATOR: Number of medication orders created by the EP during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Measure 2:

- DENOMINATOR: Number of laboratory orders created by the EP during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.

- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Measure 3:

- DENOMINATOR: Number of diagnostic imaging orders created by the EP during the EHR reporting period.
- NUMERATOR: The number of orders in the denominator recorded using CPOE.
- THRESHOLD: The resulting percentage must be more than 60 percent for an EP to meet this measure.
- EXCLUSION: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

Additional Information

- EPs must use 2015 Edition CEHRT to meet Stage 3 meaningful use.
- EPs are permitted, but not required, to limit the measure of this objective to those patients whose records are maintained using certified EHR technology (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.
- 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.

- An EP must satisfy all three measures for this objective through a combination of meeting the thresholds and exclusions.
- 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.
- 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.

Regulatory References

This objective may be found at 42 C.F.R. § 495.24 (d)(4)(i)(A) and (B). For further discussion please see 80 FR 62840.

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this objective.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at the links below: § 170.315(a)(1) Computerized Provider Order Entry—Medications § 170.315(a)(2) Computerized Provider Order Entry—Laboratory § 170.315(a)(3) Computerized Provider Order Entry—Diagnostic Imaging

Standards Criteria
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub: https://www.healthit.gov/topic/certification/2015-standards-hub