

## Stage 1 Meaningful Use – Program Year 2013

### Reporting Requirements

- EPs must complete:
  - 13 Core Objectives
  - 5 Objectives out of 10 from Menu Set
  - 6 Total Clinical Quality Measures (3 core or alternate core, and 3 out of 38 from additional set)
- EHs and CAHs must complete:
  - 12 Core Objectives
  - 5 Objectives out of 10 from Menu Set
  - 15 Total Clinical Quality Measures

### Eligibility Requirements

- **Patient Volume Determination and Encounter Definition**
  - Option to determine volume based on a 90-day period in the previous calendar year OR a 90-day period in the previous 12 months preceding the date of application (***CMS has allowed state flexibility on the look-back period for 2013.***)
  - Medicaid encounters are now defined as any services rendered on any one day to an individual enrolled in an eligible Medicaid program (***encounters no longer have to be paid to be counted.***)
- **Hospital Medicaid Incentive Calculation**
  - Hospitals beginning participation in 2013 and later may now use the most recent continuous 12-month period for which data are available prior to the payment year.

### Stage 1 MU Measures and Exclusions

- **CPOE – Measure Change**
  - More than 30 percent of medication orders created by the EP or authorized providers in an inpatient or emergency department of an EH or CAH (POS 21 or 23) during the EHR reporting period are recorded using CPOE (***based on the total number of medication orders created during the EHR reporting period.***)
- **E-Prescribing – New Exclusion Added**
  - EPs can exclude from this measure if the EP does not have a pharmacy within his/her organization and no pharmacies accept electronic prescriptions within 10 miles of the EP's practice location at the start of the EHR reporting period.
- **No Longer Required to Report**
  - The Electronic Exchange of Key Clinical Information has been removed.
  - Reporting Clinical Quality Measures is ***no longer a separate objective for ambulatory of hospitals; however, EPs, EHs, and CAHs are still required to report on clinical quality measures in order to achieve meaningful use.***

Note that these changes are effective as of October 1, 2012, for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) and as of January 1, 2013, for Eligible Professionals (EPs). These updates are only applicable for program year 2013 and are not retroactive to program year 2012 applications submitted during the EHR reporting period.

**Consult with your area MU coordinator for additional information and support.**