



BREAKOUT SESSION

Eligible Professionals — Meaningful Use Tips, Tricks, & Tactics

What encounters must be included in group proxy calculations when determining Medicaid EHR Incentive Program eligibility?

When calculating group proxy, it is imperative that all encounters (regardless of provider type) for the sample period be included in the denominator. This includes services rendered by RNs, PAs, pharmacists, dentists, etc., regardless of the rendering provider on the claim.

Tip: Group proxy calculation should be completed prior to running the calculations per individual to ensure you do not exclude any provider. Often, additional providers who would otherwise be ineligible for Medicaid become eligible as their colleagues help increase their percentage.

Can encounters where Medicaid did not pay for the service be included in the patient volume calculation numerator when determining eligibility for the Medicaid EHR Incentive Program?

No. The definition of “encounter” for Medicaid patient volume includes situations where “Medicaid...paid all or part of the individual’s premiums, copayments, and cost-sharing.” Zero remittances cannot be included in the numerator calculation.

Tactic: The proposed Stage 2 rule allows for modification to this definition, which would allow zero remittances to be eligible for inclusion in the numerator.

What is clinical decision support, and how is it used?

Clinical decision support is a function of HIT that builds upon the structured data and functionality of an EHR to deliver at appropriate times, general and person-specific information that is intelligently filtered and organized to providers of care. Evidence exists that clinical decision support has a significant impact on the quality, safety, and efficiency of care provided to patients.

Tactic: When determining a clinical decision support rule, take into account your workflows, patient populations, and quality improvement efforts.

Do education resources have to be stored electronically within my EHR?

No. Education resources or materials are not required to be stored within or generated by the certified EHR. Resources are identified by the certified EHR via logic built into the technology which evaluates information about the patient (contained within the patient’s problem list, medication list, medication allergy list, or lab results) in order to suggest education resources that would be of potential value to the patient. The provider can make a final determination as to whether the education resource is relevant to a specific patient.

Tip: Most EHRs will accommodate the uploading of education materials.

Should problems on the problem list include acute diagnoses?

Yes, both acute and chronic diagnoses must be included on a patient’s problem list. The problem list is a list of current and active diagnoses, as well as past diagnoses that are relevant to the current care of the patient.

Trick: An up-to-date problem list allows the provider to leverage logic already built into certified EHR technology to effectively use other functionalities within the system such as clinical decision support, patient-specific education resources, transitional care summaries, and clinical quality measures.

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