

## September 2011 – Certified Consultant Live Workshop Q&A

### **1. What is the difference between a Drug and a Medication?**

The Drug being referred to was Drug Allergy. A Medication is a pharmaceutical drug. This was relative to the NKA- No Known Drug Allergies which are required for Meaningful Use Menu Set.

### **2. Which tab shows that no known?**

The tab that shows the NO KNOWN requirements are found in the Summary tab of the patient chart. Under Dx history, Rx list and Allergies. There will be a box option to check with NKA, NKD, or NKM.

To learn more visit the Meaningful Use Videos here-

<http://learn.practicefusion.com/>

### **3. I wanted to confirm that when you add a medication under SOAP notes the "No known Medication" box will uncheck itself?**

When you add an allergy, dx, or rx, the No Known option will uncheck itself and each section will now include what you've added. This change will update in the SOAP.

### **4. What MU core or menu set does "No Known" cover?**

The No Known group covers Core Items 3, 5, & 6.

### **5. Active Medications = prescription?**

Active medications are adding any medications to the patient chart. Prescriptions are medications that have been sent to the pharmacy via phone request, printed prescription or e-scripts.

### **6. When must CQM report be run? Any time or after 90 days?**

Practice Fusion recommends that you run the CQM report the week of December 5th. However, you can run this towards the end of your 90 days. It needs to be run within the 90 day period.

**7. IRF BP is on vitals- does it automatically go to finalization tab? Is it the same for smoking status recorded?**

The vitals will automatically populate for the provider in the Finalization tab, after they've been recorded. The smoking status is entered in the Lifestyle section. Once entered, the option for Tobacco cessation counseling will populate once the patient has been entered as an active smoker.

**8. What codes are required for the CQM Diabetes prompts?**

Any ICD-9 code for diabetes will work and prompt the Finalization tab.

**9. For practices not collecting vitals, how will this affect the CQM requirements?**

If a CQM is not relevant to your scope of practice, you will not have to complete it. For Stage 1 of MU, you are only required to run the CQM report one time. This means, if a practice is not collecting vitals, this will not negatively affect their finalization tab.

**10. For CQM what are the core required for Pediatrics qualifying under Medicaid (no patients over 18)?**

The core CQM's are:

1. Hypertension: Blood Pressure Measurement
2. Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention
3. Adult Weight Screening and Follow-up

All the provider needs to do to qualify for Stage 1 is run the CQM report one time. Running the report even at 0% still satisfies this measure. Some providers will be excluded from certain criteria and will have a 0 denominator for those measures.

**11. Does the start dates for diagnoses and medications matter?**

Start dates do not matter. Only entering the diagnoses and medications are required.

**12. Does Meaningful Use apply to just Medicare patients or is it for all patients?**

Meaningful Use applies to ALL patients within the 90 day reporting period.

**13. So the provider is not able to choose their own CQM's?**

At this time Practice Fusion supports only 6 Core measures (3 Core, 3 Alternate Core) and 3 Menu set items, which is the amount required for Meaningful Use. Practice Fusion will be adding the remaining CQM's in 2012

**14. For patients who do not have diabetics, what other reports can they run?**

You can run several Reports in Practice Fusion such as medication reports and diagnoses reports that are customizable.

**15. How could a gastroenterologist run a report on colon cancer measures which are a menu item?**

The colonoscopy CQM will be available in 2012. For now, you would have to track that manually in the patient chart.

**16. What are the "easy win" items on the MU Action Plan?**

The easy wins are the "One-Time" items you can fulfill easily for Meaningful Use. For instance, the CQM report, CCR Export, Public Health Surveillance Record, Immunization registry export, and Patient List.

**17. Do most customers know about the Meaningful Use Action Plan or do the consultants need to get this out to them?**

Many of our users were emailed with Meaningful Use countdowns and notification of a new resource on the 44k site. Account Managers are also sending the Action Plan to users requesting information on MU. Essentially, this is available for everyone.

**18. Did you say there is a video for the patient visit walkthrough?**

Yes, The Patient Visit Walkthrough is available to sign up for here-  
<http://www.practicefusion.com/training>

**19. When will the MU dashboard be released?**

The MU dashboard will be released in November. This is a very robust feature that our Engineers are building. If you follow the Action Plan, providers will be sure to achieve Meaningful Use criteria.

**20. How does Patient Fusion work?**

Patient Fusion allows patients to access their clinical summaries such as immunizations, medication and diagnoses. They can track medical record updates in real time and check upcoming appointment information.

**21. Is there secure messaging between physician and patient?**

While this is a feature unavailable at the moment, Practice Fusion is interested in building a feature like this in the EHR/PHR.

**22. How many CQM's can providers choose from to report on?**

At the moment there are 6 CORE CQM and 3 MENU items to choose from.

**23. Where can I find more information on Patient Fusion?**

You can find more info here-

<http://www.practicefusion.com/pages/phr.html>, though I encourage you all to sign yourself up for the PHR to see how it works and what's available for the patient.

**24. If a practice is not ready for MU until November, and they begin attestation in November, and successfully meet the requirements, when will they receive payment?**

A practice will not qualify for the 90 day reporting period by starting in Nov. They need to start by Oct 3rd to meet the requirements. Payments are generally released 2 months after you attest.

**25. Are patients notified when there is an update to their records?**

Yes, patients are notified in real time when they log in to the PHR.

**26. What are the Lab orders and Image Orders used for?**

The Lab and Image orders are used for documentation only. A practice cannot order directly from these tabs.

**27. Will there eventually be a way for physicians to select any CQM and get the needed report generated from Practice Fusion? Many of our clients are sub specialists who have better choices than the CQM currently available?**

The other Menu CQM's will be available in 2012 in Practice Fusion.

**28. Do we attest after the 90 day's or before the 90 days? I thought I heard you say that we only have 8 days to attest?**

October 3rd is the deadline to start the Attestation Period (i.e. 90 day reporting period). Once you've completed your 90 days, you can attest after you've met the criteria with CMS. A practice will need to fulfill 90 days of Meaningful Use to participate and attest.

**29. In reading the CMS website, I read that Medicaid qualified providers need only adopt or implement EHR. Are they still required to attest on the 25 measures?**

For the Medicaid incentive, providers are not required to completely meet Meaningful Use in the first year. They are only required to adopt the EHR for this year and show a letter proving they are using Practice Fusion. This is the letter of certification or intent. However, the government does want them to do all of the things the Medicare providers are doing. Medicaid providers will have to show Meaningful use in the second year.

**30. At the end of December we are to run the CQM report and the meaningful use report and use this data to attest with Medicare...is there anything else needed to meet meaningful use and qualify for the 44K?**

For all items you'll need to run please check out the Meaningful Use Action Plan. The one-time items are also known as "Easy Wins"-  
<http://www.practicefusion.com/resources/MeaningfulUseActionPlan.pdf?v=1>

**31. Will there be training for NCP requirements and how they qualify?**

At this time, there is no training for NCP requirements. Please see [www.cms.gov](http://www.cms.gov) for more information on eligibility.

**32. I thought it was Medicare or Medicaid patients. An EP or EH must choose what population program they will apply to right?**

The provider will need to report on all patients seen within the 90 day period, not just Medicare and Medicaid patients.

**33. For the three Core Measures what did you mean by 0%?**

0% means providers will still satisfy the CQM measure if they follow the criteria 0% of the time. To satisfy the requirement they only need to run the CQM report one time.

**34. Regarding Payment: CMS told us that it would be 6-8 weeks after the attestation period?**

It is taking about 2 months from the date you attest and complete your 90 days to receive payment.

**35. Is there a penalty or loss of benefits if a provider signs up now but chooses not to fully implement or attest this quarter?**

No, there is not a penalty or loss of benefits. Not until 2013.

**36. Can a pediatrician attest under Medicare or Medicaid?**

They will want to check with the Eligibility Widget-

<http://www.practicefusion.com/pages/meaningful-use-center.html>

**37. Can a practice manually collect numerators and denominators and report on an appropriate measure or, because that didn't come directly from EHR, that doesn't count?**

This depends on the criteria. Some criteria require a provider to "self-attest," in this case; they will be collecting their own numbers. The numerator will always be available in the dashboard (once it's released), the denominator for how many times you've completed the task for a patient can be tracked by provider. Although, this is only for items that require self-attest. For all other items, providers need to use the numbers provided by the dashboard.

**38. Medicare, Medicaid and does this include private insurance patients?**

This includes ALL patients seen within the 90 day reporting period.





