

CMS Publishes an Updated Q & A about Attesting with Multiple EHRs



Question: For the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, how should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) that sees patients in multiple practice locations equipped with certified EHR technology calculate numerators and denominators for the meaningful use objectives and measures?

Answer: EPs, eligible hospitals, and CAHs should look at the measure of each meaningful use objective to determine the appropriate calculation method for individual numerators and denominators. The calculation of the numerator and denominator for each measure is explained in the July 28, 2010 final rule (75 FR 44314).

For objectives that require a simple count of actions (e.g., number of permissible prescriptions written, for the objective of “Generate and transmit permissible prescriptions electronically (eRx)”; number of patient requests for an

electronic copy of their health information, for the objective of “Provide patients with an electronic copy of their health information”; etc.), EPs, eligible hospitals, and CAHs can add the numerators and denominators calculated by each certified EHR system in order to arrive at an accurate total for the numerator and denominator of the measure.

For objectives that require an action to be taken on behalf of a percentage of “unique patients” (e.g., the objectives of “Record demographics”, “Record vital signs”, etc.), EPs, eligible hospitals, and CAHs may also add the numerators and denominators calculated by each certified EHR system in order to arrive at an accurate total for the numerator and denominator of the measure. Previously CMS had advised providers to reconcile information so that they only reported unique patients. However, because it is not possible for providers to increase their overall percentage of actions taken by adding numerators and denominators from multiple systems, we now permit simple addition for all meaningful use objectives.

Keep in mind that patients whose records are not maintained in certified EHR technology will need to be added to denominators whenever applicable in order to provide accurate numbers.

To report clinical quality measures, EPs who practice in multiple locations that are equipped with certified EHR technology should generate a report from each of those certified EHR systems and then add the numerators, denominators, and exclusions from each generated report in order to arrive at a number that reflects the total data output for patient encounters at those locations. To report clinical quality measures, eligible hospitals and CAHs that

have multiple systems should generate a report from each of those certified EHR systems and then add the numerators, denominators, and exclusions from each generated report in order to arrive at a number that reflects the total data output for patient encounters in the relevant departments of the eligible hospital or CAH (e.g., inpatient or emergency department (POS 21 or 23)).

Website Update

Please also note that the EHR Incentive Programs' FAQs were reorganized during the CMS.gov website upgrade. The EHR Incentive Programs' FAQs are now incorporated in the same page as other CMS program FAQs. To navigate the EHR Incentive Program FAQs you must go to the FAQ page, and click "Electronic Health Records Incentive Programs" on the blue navigation pane on the left-hand side. We appreciate your understanding and apologize for any inconvenience.

Want more information about the EHR Incentive Programs? Visit the EHR Incentive Programs website.

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