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Medical assistant credentialing requirement for Medicaid remains in effect

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) initiated the phasing out of the Medicare Electronic Health Record (EHR) Incentive Program. Nonetheless, the Centers for Medicare & Medicaid Services (CMS) rule mandates that only licensed health care professionals or “credentialed medical assistants” are permitted to enter orders into the computerized provider order entry (CPOE) system for meaningful use calculation purposes under the Medicaid EHR Incentive Program. This program remains in effect until at least December 31, 2021.

What follows is an update regarding eligible professionals (EPs) from CMS, as noted in *Legal Eye: On Medical Assisting*, May 25, 2017¹:

EPs that attest directly to a state for that state’s Medicaid EHR Incentive Program will continue to attest to the measures and objectives finalized in the 2015 EHR Incentive Program Final Rule (80 FR 62762 through 62955). In 2017, Medicaid EPs have the option to report to the Modified Stage 2 or Stage 3 objectives and measures.

The following are the Modified Stage 2 objectives and measures for CPOE²:

Objective: Use computerized provider order entry for **medication, laboratory, and radiology orders** [changed to *diagnostic imaging orders* in the Stage 3 objectives] directly entered by any licensed health care professional that can enter orders into the medical record per state, local, and professional guidelines.

Measure 1: More than **60 percent of medication orders** created by the EP or by authorized providers of the eligible hospital’s or CAH’s [critical access hospital’s] inpatient or emergency department (POS [place of service] 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- *Denominator:* Number of **medication orders** created by the EP or authorized providers in the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) 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** in order for an EP, eligible hospital, or CAH to meet this measure.
- *Exclusion:* Any EP who writes fewer than **100 medication orders** during the EHR reporting period.

Measure 2: More than **30 percent of laboratory orders** created by the EP or by authorized providers of the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- *Denominator:* Number of **laboratory orders** created by the EP or authorized providers in the eligible hospital’s or CAH’s inpatient or emergency

department (POS 21 or 23) during the EHR reporting period.

- *Numerator:* The number of orders in the denominator recorded using CPOE.
- *Threshold:* The resulting percentage must be more than **30 percent** in order for an EP, eligible hospital, or CAH to meet this measure.
- *Exclusion:* Any EP who writes fewer than **100 laboratory orders** during the EHR reporting period.

Measure 3: More than **30 percent of radiology orders** created by the EP or by authorized providers of the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- *Denominator:* Number of **radiology orders** created by the EP or authorized providers in the eligible hospital’s or CAH’s inpatient or emergency department (POS 21 or 23) during the EHR reporting period.
- *Numerator:* The number of orders in the denominator recorded using CPOE.
- *Threshold:* The resulting percentage must be more than **30 percent** in order for an EP, eligible hospital, or CAH to meet this measure.
- *Exclusion:* Any EP who writes fewer

than 100 radiology orders during the EHR reporting period.

The following are the Stage 3 objectives and measures for CPOE³:

Objective: Use computerized provider order entry (CPOE) for medication, laboratory, and diagnostic imaging orders directly entered by any licensed health care 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.

Measure 1: More than 60 percent of medication orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- **Denominator:** Number of medication orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) 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 in order for an EP, eligible hospital, or CAH to meet this measure.
- **Exclusion:** Any EP who writes fewer than 100 medication orders during the EHR reporting period.

Measure 2: More than 60 percent of laboratory orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- **Denominator:** Number of laboratory orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) 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 in order for an EP, eligible hospital, or CAH to meet this measure.
- **Exclusion:** Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.

Measure 3: More than 60 percent of diagnostic imaging orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.

- **Denominator:** Number of diagnostic imaging orders created by the EP or authorized providers in the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) 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 in order for an EP, eligible hospital, or CAH to meet this measure.
- **Exclusion:** Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.

To reiterate, an important but often overlooked fact is that MACRA made no changes to the Medicaid EHR Incentive Program. As such, providers participating in that program must continue to ensure that the required percentages, respectively, of medication, laboratory, and diagnostic imaging orders are entered into the CPOE system by credentialed medical assistants or licensed health care professionals to receive incentive payments under the program.⁴ ♦

References

1. Balasa DA. Eligible professionals in the Medicaid EHR Incentive Program. *Legal Eye: On Medical Assisting*. <https://aamalegaleye.wordpress.com/2017/05/25/eligible-professionals-in-the-medicaid-ehr-incentive-program/>. Published May 25, 2017. Accessed June 8, 2017.
2. Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Programs—Stage 3 and Modifications to Meaningful Use in 2015 through 2017; Final Rule. *Fed Regist*. 2015;80(200):62799-627800. 42 CFR §412 and 495.
3. Medicare and Medicaid Programs; Electronic Health Record (EHR) Incentive Programs—Stage 3 and Modifications to Meaningful Use in 2015 through 2017; Final Rule. *Fed Regist*. 2015;80(200):62840-62841. 42 CFR §412 and 495.
4. Balasa DA. MACRA final rule: changes do not eliminate order entry provisions. *CMA Today*. 2017;50(1):6-7.



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