

SP12 Tutorial Webinar: Q & A Session

Q: Can active problems be captured by the billing software?

A: Yes. That is not part of the SP12 release, but can be captured from a stand-alone interface. Billing software and billing codes will be treated as a separate interface.

Q: Are there any hardware changes needed for SP12?

A: No.

Q: Right now we are recording height in feet and inches. Will height need to be recorded in inches for the BMI to be calculated?

A: Yes, height needs to be in inches for BMI to calculate automatically.

Q: Will there be an alert for when results come into the Lab Results Widget?

A: That can be built into your interface. Right now it will be reporting to the ordering physicians.

Q: How do you show that med reconciliation was done?

A: You can add a note to the patient chart from the Face Sheet stating that the reconciliation was accomplished. You will also need to scan in and retain the original form that was supplied from the referring provider to show the reconciliation.

Q: New growth charts – Will the information put on the face sheet merge over to the growth chart?

A: Yes it will. We have designed a new method of using a merge tag that allows all data of a certain vital statistic to be graphed. All values that have been entered for weight, for example.

Q: Will the BMI auto populate from the weight and height on the face sheet and be automatically entered on the face sheet?

A: Yes, it will.

Q: Will there be a merge tag for BMI?

A: Yes, there will be.

Q: Continuity of Care – Will we be able to build or modify our own continuity of care and can we do it by provider?

A: The Continuity of Care record or CCR is designed to meet the Continuity of Care layout as required by the certifying authority. It cannot be modified in the SP12 release, but we will add that functionality in a future release.

Q: Will we be able to split reports by provider?

A: The new Patient Search tool under the Tools tab does have a search parameter of physician and, before attestation is required for 2011, will also have an appointment physician search option.

Q: What are NQF numbers? What are they used for?

A: The NQF numbers are assigned by CMS to identify and track the Clinical Quality measures. All CQM searches and NQF numbers will be pre-loaded in the SP12 release by simplifyMD.

Q: For eRx, do 40% of all prescriptions across the board need to be e-prescribed or just prescriptions for Medicare patients?

A: 40% of all prescriptions across the board must be e-prescribed in order to meet Meaningful Use.

Q: What is the difference between the enhanced medication and the patient medication widget?

A: The enhanced medication we changed to the new widget style. We also added all the required fields that are necessary for Meaningful Use certification. It's more or less an upgrade to the current system to allow faster, easier and more accurate entry.

Q: How does a patient register for PHR if they do not have a credit card?

A: Right now, for PHR, credit card is the only method. For Meaningful Use, however, PHR access is not necessary to sign up with a credit card. There is a menu set item to give temporary access to the PHR that does not require a credit card.

Q: Where do you get the 'purpose' on the continuity of care?

A: The 'purpose' is hard coded and pre-defined by Meaningful Use.

Q: Can we not use the electronic faxing system to transfer PHR information to outside medical practices?

A: That specific method must be via electronic method, USB key, cd. Faxing is the same as manual data entry. So for this core set item it must be electronic.

Q: What do I do if a patient wants their visit summary during check-out?

A: The only requirement is that they are provided this summary within 3 business days. But if they do want it during the check-out process that's alright, but the only requirement is that they are provided this summary as it is within 3 business days. You can also provide it through the continuity of care record.

Q: Will the Lab Results widget be interfaced with our lab or are we going to have to enter results manually into the widget every time?

A: We are currently working on lab interfaces with DermPath, Quest, Lab Corp, Solstice and Orchard. We are going to have those modularly available for our clients so at least labs coming from those companies will be entered automatically. Those are not available yet, but we knew most of our clients used these companies.

Q: With these CQMs and searches, for attestation is it just for Oct. 1 and forward? What about historical information? Is search criteria just going forward?

A: The requirement is for the reporting period only.

Q: What specific past procedure CPT are needed to measure CQM?

A: Each CQM requires a different CPT code. We're going to have those built in and on simplifyMD University for you to review and make sure they are one your system.

Q: Are we going to have CPT and ICD9s built into simplify? Right now we have to input it.

A: Right now the system requires that you enter the information; however, once you enter a code for the first time it is stored in the system for retrieval. Additionally if you use DrFirst's Rcopia system, which is integrated with simplifyMD, we'll be able to integrate those values directly from them. Or, in addition, if you are able to provide us with a listing of your CPT or ICD codes from your billing system we can import them directly into simplifyMD so that they'll be in your master database automatically.

Q: What are the ramifications if you are not able to meet the criteria for Meaningful Use, aside from monetary?

A: There are no penalties that we are currently aware of.