The CMS order entry rule
What educators need to know

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On Aug. 23, 2012, the Centers for Medicare and Medicaid Services (CMS) issued a rule stating that only “credentialed medical assistants” (as well as licensed health care professionals) would be permitted to enter medication, laboratory, and radiology orders into the computerized provider order entry (CPOE) system for meaningful use calculation purposes under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. This rule went into effect Jan. 1, 2013.

The CMS rule has had an enormous impact on the U.S. health care system and the medical assisting profession. Previous articles in CMA Today discussed important aspects of the rule.1-4

This article will focus on how the CMS meaningful use (MU) order entry rule applies to academic medical assisting programs, students, educators, and practicum sites, and on what medical assisting educators (and all allied health educators) need to know about it.

Does graduation from a medical assisting program satisfy the CMS “credentialed medical assistant” requirement, or must a medical assistant obtain a credential from a third-party testing body, such as the Certifying Board of the American Association of Medical Assistants (AAMA)?

This question has been hotly debated. Arguments in favor of both interpretations have been adduced. Nevertheless, it has been my firm conviction since I first read the Aug. 23, 2012, rule that the language and the context of the rule argue in favor of the second position: A medical assistant must take and pass a medical assisting examination offered by an entity other than the employer in order to meet the CMS definition of “credentialed medical assistant.”

Note the following excerpts from the CMS rule5:

Comment: We have received many comments on who can enter the order into [computerized electronic health record technology] CEHRT for it to count as [computerized provider order entry] CPOE. Four possibilities received comment support. First, only the ordering provider be able to enter the order into CEHRT. Second, any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines can enter the order into CEHRT. This is the current policy which was proposed to continue. Third, an expansion to any licensed, certified or appropriately credentialed [emphasis added] healthcare professional (some commenters replaced medical assistant with healthcare professional [sic]) who can enter orders into the medical record per state, local and professional guidelines.

Fourth, an expansion to allow anyone, including those commonly referred to as scribes, to enter the orders into the medical record per state, local and professional guidelines.

In the first excerpt from the CMS rule, note that “appropriately credentialed” follows “licensed” and “certified.” Because licenses and certifications are almost always awarded in favor of other licensed healthcare professionals. These EPs in their comments urged the expansion indicated in the third possibility of credentialed healthcare professionals/medical assistants. We believe that this expansion is warranted and protects the concept that the [clinical decision support] CDS interventions will be presented to someone with medical knowledge as opposed to a layperson. The concept of credentialed healthcare professionals is over broad and could include an untold number of people with varying qualifications. Therefore, we finalize the more limited description of including credentialed medical assistants. The credentialing would have to be obtained from an organization [emphasis added] other than the employing organization. …

This means that the person entering the order could be required to enter the order correctly, evaluate CDS either using their own judgment or through accurate relay of the information to the ordering provider, and then either make a change to the order based on the CDS intervention or bypass the intervention. We do not believe that a layperson is qualified to do this, and as there is no licensing or credentialing [emphasis added] of scribes, there is no guarantee of their qualifications.

In the second excerpt from the CMS rule, note that “appropriately credentialed” follows “licensed” and “certified.” Because licenses and certifications are almost always awarded after an individual has passed an examination, the inclusion of “appropriately credentialed” with “licensed” and “certified” would argue that “appropriately credentialed” also refers to the passing of a test, not to the completion of an educational program.

The second excerpt includes the following sentence: “The credentialing would have to be obtained from an organization [emphasis added] other than the employing organization.” The choice of the words “an organization” rather than “an entity,” or “an
organization or school,” militates in favor of the interpretation that the passing of a test, not just the completion of some type of training or education, better captures the intent of CMS.

The grouping together of “credentialing” with “licensing” in the third excerpt reinforces the argument that CMS is envisioning something parallel to the passing of a licensure examination and the bestowal of a license: namely, the passing of a credentialing examination and the awarding of a credential. Indeed, the absence of any reference to education or training in this part of the rule supports the contention that CMS was thinking about tests and credentials (e.g., licenses, certifications, registrations), not “academic credentials” such as diplomas, associate degrees, and the like.

(For the sake of full disclosure and integrity, it should be noted that CMS has taken the position that completion of a medical assisting education program satisfies its “credentialed medical assistant” requirement. This is a reasonable and defensible position. However, I believe CMS’ interpretation of its rule language is not correct.)

Can electronic order entry done by medical assisting students (or students in an allied health program other than medical assisting) during their practicums count toward meaningful use?

I am not aware of any state law that forbids medical assisting students doing their practicums (formerly externships) from entering orders into the computerized provider order entry (CPOE) system as long as they are properly supervised. However, because medical assisting students have not yet obtained a medical assisting credential, such as the CMA (AAMA), it is my opinion that such entry by students during practicums cannot be counted toward meeting the meaningful use thresholds of the Medicare and Medicaid Incentive Programs.

Another approach is possible. Students doing their practicums can enter orders into the CPOE system for review by a credentialed medical assistant or a licensed health care professional. If the credentialed medical assistant or licensed health care professional reviews the entry by the student and then transmits it, the order entry would meet the CMS requirement. Thus, the entry by the student, reviewed and sent by a credentialed medical assistant or a licensed professional, could be counted toward meaningful use.

This same principle would apply to externing students in allied health programs other than medical assisting that enter orders into the CPOE system.

During their practicums, are medical assisting students permitted to enter data other than orders into the Electronic Health Record (EHR)?

The CMS requirement only applies to the entry into the CPOE system of medication, laboratory, and radiology orders. Individuals entering anything into the EHR other than an order (e.g., list of patient medications, patient financial or demographic data, patient history, chief complaint, information about other health professionals treating the patient) do not have to be credentialed medical assistants or licensed health care professionals. Consequently, students on their practicums can enter non-order information into the EHR with no effect on meaningful use compliance by the practicum site.

References

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