

Users Guide to the Relationship Between EDR and RPMS

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A. Dental Visit Data from EDR to RPMS

1. Does my dental visit data (e.g., procedure codes, date of visit, operative site, etc.) automatically transfer from EDR to RPMS?

Answer: Yes. All dental visit data is automatically transferred over the EDR interface into the RPMS/PCC database. Double data entry is not required.

2. Is my dental data still transmitted to the IHS central database?

Answer: Yes. Since the dental data from EDR is transferred into the RPMS/PCC database, all dental data is transmitted along with all other PCC data as part of the PCC data extraction to the IHS central database.

3. What happens to my dental data when it gets to RPMS from EDR?

Answer: Once dental data arrives over the interface from EDR into RPMS, it is filed in the PCC database.

4. How are two separate visits on the same day by the same patient with the same provider recorded in RPMS/PCC?

Answer: The message that carries the dental visit data from EDR to RPMS will post the data in RPMS with a visit time of 11:38 am, regardless of the actual time of the visit. Only one visit is created in RPMS for each visit date with a time of 11:38 am. So, two separate visits on the same day by the same patient with the same provider will be recorded in PCC as a single visit.

5. If a patient sees two different providers on the same day are two separate visits recorded in RPMS/PCC?

Answer: No. The second provider is added to the existing visit as a secondary provider. The first provider remains the primary provider for that visit in RPMS/PCC.

6. Is a second visit created if I add or change procedures on a visit that was entered previously?

Answer: No. Subsequent edits to an existing visit will be posted to that visit. A new visit is not created.

B. Retrieving Dental Data from RPMS and EDR

1. Can I still get my data out of RPMS?

Answer: Yes. Once the dental visit data is filed in RPMS, the data can be mined using RPMS tools such as QMAN to generate custom reports in RPMS.

2. Is my dental data available in EDR?

Answer: Yes. There are soon to be twelve IHS specific reports in EDR. These reports will replicate most of the reports that are available in RPMS/DDS. There are also Dentrix reports in EDR that provide useful clinical and financial information.

C. Using RPMS/DDS after EDR Implementation

1. What happens to the data that is present in RPMS/DDS when EDR is implemented?

Answer: Nothing. The data present in RPMS/DDS stays in the DDS database after EDR is implemented.

2. Is that data still available?

Answer: Yes. The historical data present in RPMS/DDS when EDR is implemented remains available using the reports in RPMS/DDS.

3. Does any data from EDR go into RPMS/DDS?

Answer: No. The dental data goes from EDR into the RPMS/PCC database which is different than the RPMS/DDS database. Therefore, no data goes into the RPMS/DDS database once EDR is implemented.

4. Can I still run my DDS reports after EDR is implemented?

Answer: Yes. However, only the data present in the RPMS/DDS database before EDR was implemented (historical data) will be included in the reports. Any data entered into EDR will not be present in RPMS/DDS reports.

D. GPRA Data and Reporting

1. How do I access my dental GPRA data after EDR is implemented?

Answer: Dental GPRA data resides in the RPMS/PCC database both before and after EDR implementation. The Clinical Reporting System (CRS) module of RPMS is used by your local GPRA Coordinator to generate GPRA reports. This will not change after EDR implementation.

2. Can I get my dental GPRA data out of EDR?

Answer: Yes. There are some Dentrix reports that will give you counts of your individual GPRA objectives. However, be aware that the CRS uses specific logic to count GPRA measures and is the only official report of GPRA data.

E. Meaningful Use (MU)

1. Is EDR certified for the purposes of Meaningful Use?

Answer: No. The EDR is not independently certified for Meaningful Use. However, since the source of all MU reporting will be the RPMS/PCC database, which is certified, any dental data from the RPMS/PCC database used to report MU measures will be coming from a certified application (RPMS/EHR).

2. If my site is using EDR are my dental providers eligible for the Meaningful Use Medicaid Incentive?

Answer: Yes. If your dental providers meet the 30 percent Medicaid Volume Threshold, and are using EHR for medication orders or to enter vital signs, they will be eligible for the MU Medicaid Incentive the first year. In subsequent years when MU measures must be reported, the use of EDR will not preclude MU eligibility because any data used to report MU measures will be coming from the RPMS/PCC database, not the EDR database.

F. Third Party Billing

1. How does using EDR affect dental third party billing?

Answer: If your site currently uses the RPMS/Third Party Billing Package there will be no effect on dental third party billing. Third party billing will function exactly as it did before the implementation of EDR.

2. Can my facility bill third parties using EDR?

Answer: Yes. The EDR contains the Dentrix billing functionality.

3. Can my facility use EDR to bill dental third parties if it is using the RPMS/Third Party Billing Package in RPMS?

Answer: Yes. The decision to use EDR to bill dental third parties when using the RPMS/Third Party Billing Package is a local one. Any federal site interested in using EDR to bill dental third parties should contact Dr. George Chiarchiaro at (919) 900-8039 or George.chiarchiaro@ihs.gov for more information.

4. If my facility decides to use EDR to bill third parties, is there any extra cost?

Answer: Yes. Use of EDR to bill third parties requires use of the Dentrix eServices Clearinghouse which involves additional cost. Contact Dr. Chiarchiaro at (919) 900-8039 or George.chiarchiaro@ihs.gov for information on IHS specific pricing.