Choosing the right qualified CDS mechanism for the CMS Appropriate Use Criteria program

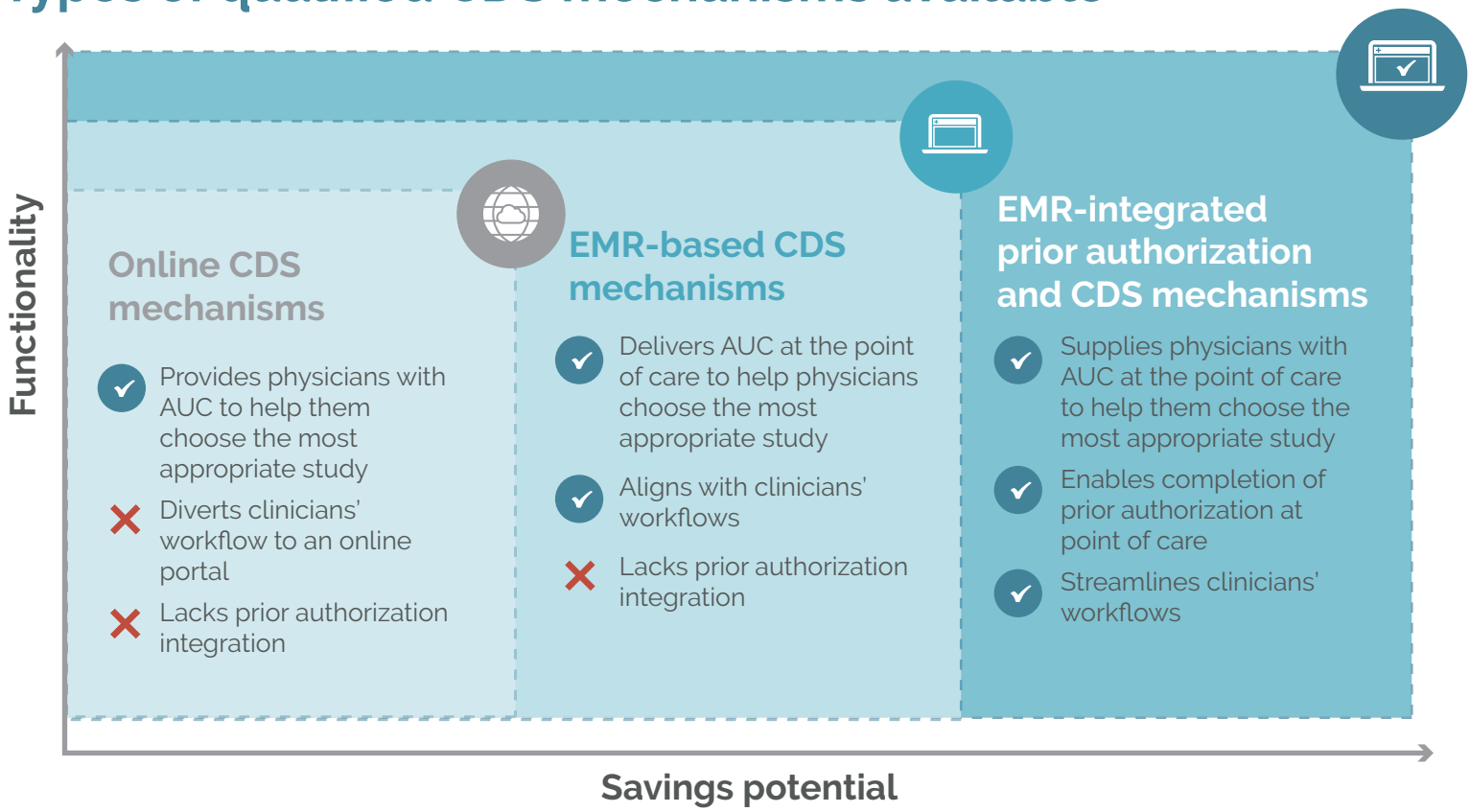
A starter guide

The testing period for the Centers for Medicare & Medicaid Services (CMS) Appropriate Use Criteria (AUC) Program starts in less than two years. This means that health systems and provider groups like yours soon must explore a critical question: Which qualified clinical decision support (CDS) mechanism, or tool, should we invest in?

That's no simple decision. With more than 15 mechanisms available (and additional ones likely on the way), it's easy to feel overwhelmed by the number of options on the market.

This starter guide will help. We'll cover what types of mechanisms are available and what capabilities your organization should look for to not only fulfill CMS requirements but free up administrative resources as well.

Types of qualified CDS mechanisms available



Can we just use our existing CDS tool instead?

Standard CDS tools and qualified CDS mechanisms function similarly. They both evaluate the appropriateness of advanced imaging based on clinical criteria and suggest more-appropriate studies when necessary.

However, only CMS-qualified CDS mechanisms will fulfill the program's requirements. If your existing CDS tool is CMS-qualified, then not to worry—it will comply with the program. Keep in mind, though, that a qualified CDS mechanism is not a substitute for health plans' prior authorization—without an EMR-integrated prior authorization and CDS mechanism, you will need separate systems and workflows—one for prior authorization and one for the CMS program.

Learn more at

aiminform.com/FAQs

The anatomy of a high-performing mechanism

Capabilities

Automates determination of CMS program and health plan eligibility within the EMR

A time-saving feature that eliminates the costs of cross-referencing member data

Integrates into all EMRs

An essential capability that eases clinicians' workflow and efficiently clarifies reimbursement status

Enables prior authorization at point of care

A highly demanded integration that helps providers reallocate resources to strategic priorities

Features a clinician-driven design

A must-have element to drive comprehensive adoption and achieve clinician satisfaction

Sources clinical criteria from renowned health care organizations

A nonnegotiable that ensures you up-to-date, evidence-based guidelines and reflects your commitment to clinical excellence

Implements smoothly

An often-overlooked capability that decreases operational costs and boosts enterprise engagement

Operates a robust, tested clinical engine

The nucleus of the mechanism, which reliably accelerates precise evidence-based decision-making and curtails redundant data entry

Outcomes

- Improves the quality of care
- Streamlines clinicians' workflows
- Delivers payment clarity at the point of care
- Reduces administrative costs

Ready to learn more?

Schedule a personalized webinar with our AIM Inform team to learn how merging your prior authorization and your CMS Appropriate Use Criteria Program workflows will reduce your operational costs and improve your delivery of care.

For more information, contact

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