INTERGY
MEANINGFUL USE 2014
STAGE 1
USER GUIDE

Spring 2014

877-932-6301 main • www.greenwayhealth.com
4301 W. Boy Scout Blvd., Suite 800 • Tampa, FL 33607

Copyright © 2014 Greenway Health, LLC. All rights reserved.

This document and the information it contains are the confidential information of Greenway Health, LLC. (referred to hereinafter as “Greenway”). Neither this document nor the information it contains may be disclosed to any third party or reproduced, in whole or in part, without the express prior written consent of Greenway.

Greenway reserves the right to change, without notice, product offerings, product specifications and the information in this document. This document supersedes any prior document containing similar subject matter with regard to the descriptions of features and functionality of product offerings. You may receive supplements to this document based on changes that may occur in the product. This document may not be reproduced in any form without prior written permission from Greenway.

This document provides training material for the Greenway Intergy products. For a more detailed description of such products, please refer to online help or the appropriate technical product manual. This document is intended as an informational guide only and is not a guarantee of receipt of any funds federal, state or other entity funds.

Table of Contents

Introduction: Intergy and Meaningful Use 4
Intergy Meaningful Use Readiness Center 4
Using the Practice Analytics Dashboards 5
Intergy Setup 6
Kryptiq Practice Portal 7
Stage 1 Measures 8
Core 1 Computer Physician Order Entry 9
Core 1a CPOE Stage 1 Alternate 111
Core 2 Prescriptions Sent Electronically 133
Core 5 Electronic Copy of Health Information (2013) 166
Core 6 Clinical Summaries Provided 177
Core 7 View, Download, Transmit Health Information 19
Core 8 Demographics Recorded 211
Core 9 Problem List 222
Core 10 Active Medication 233
Core 11 Active Medication Allergy List 244
Core 12 Vitals Recorded 255
Core 13 Smoking Status Recorded 277
Menu 2 Electronic Lab Results 29
Menu 4 Patient Reminders 311
Menu 5 Electronic Health Information Access (2013) 333
Menu 6 Access to Patient Education Resources 344
Menu 7 Medication Reconciliation Performed 355
Menu 8 Summary of Care Record Provided 377
Understanding Measures That Require Yes/No Responses 39
STAGE 1 - Understanding the Core and Menu CMS Measures Requiring Yes/No Responses 39
Core 2 - Drug Interaction Checks 39
Core 11 - Clinical Decision Support Rule 41
Core 14 - Protect Electronic Health Information 43
Menu 1 - Drug Formulary Checks 44
Menu 3 - Patient Lists 45
Menu 9 - Immunization Registries Data Submission 45
Menu 10 - Syndromic Surveillance Data Submission 46
Appendix A: Examining Operational Measures on the Meaningful Use Form and Visit Note Template 47
Appendix B: Protecting Your System from Security Risks 48

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Introduction: Intergy and Meaningful Use

This document will help you understand how Intergy, Intergy EHR, and Practice Analytics work together to document your compliance with the Meaningful Use program.

- The **Intergy** base system includes everything you need to perform essential services, like registering patients, scheduling appointments, posting charges, billing insurance plans, printing patient statements, and entering patient or insurance payments. The Intergy base system also includes a practice portal where patients can keep in touch with their own medical records.

- **Intergy EHR** is your electronic health record (EHR) solution. It puts key clinical and practice information in the hands of physicians. When combined with the Intergy medical practice management system, Intergy EHR streamlines workflow and communications in daily office procedures, enabling medical practitioners to deliver focused patient care in an organized clinical environment.

- **Practice Analytics** is a powerful reporting tool that helps you explore the data in both Intergy and Intergy EHR. Practice Analytics includes several dashboards that allow your practice to demonstrate its adherence to Meaningful Use guidelines.

Practices whose eligible providers are participating in the Meaningful Use program can use these systems to report on their compliance with the different components of the program. For instance, in Practice Analytics, the Clinical Quality Measures dashboard can be used to attest to the quality of clinical care that practices are providing to their patients, while the Operational Quality Measures Dashboard provides a comprehensive review of the use of their Intergy EHR system.

Intergy Meaningful Use Readiness Center

The Meaningful Use Readiness Center includes helpful information to get you started with Meaningful Use. The Readiness Center recommends action plans and resources to help you hit your Meaningful Use goals. The Meaningful Use Readiness Center walks you through the following steps:

- Step 1 – Understanding Meaningful Use
- Step 2 – Register
- Step 3 – System Readiness
- Step 4 – Practice Readiness
- Step 5 – Attest and Get Paid

To access the **Meaningful Use Readiness Center**, log on to the Support Center, point to **Regulatory Readiness**, and then click **Meaningful Use**.

Note that **Step 3 – System Readiness** provides information related to the files needed to prepare your Intergy 9.0 system for meaningful use.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Using the Practice Analytics Dashboards

When reporting specifically about the Meaningful Use program, you will mainly be using the Operational Quality Measures and the Clinical Quality Measures dashboards. These measures on these dashboards are derived from the nationally published Meaningful Use standards. Each tab on these dashboards (Criteria, Summary, Measure Details, Scorecard, and Help) offers a different analysis of important summaries or details about the data in your systems.

Use the **Criteria** tab to select measures you want to explore. Select a measure from the Measures dimension to view the numerator, denominator, and percentage score that shows the practice's compliance with the measure's goals.

You will notice that on the Operational Quality Measures, the Criteria tab is divided into Stage 1 and Stage 2 measures. All providers begin participating by meeting the Stage 1 requirements for a 90-day period in their first year of meaningful use and a full year in their second year of meaningful use. After meeting the Stage 1 requirements, providers will then have to meet Stage 2 requirements for two full years. The exception to this rule is for the year 2014. 2014 requirements indicate all providers only need 90 days of attestation regardless of which stage of Meaningful Use they are in.

For more information about the Meaningful Use program, see the following:
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

Help Options

Detailed help for each measure is available from both the **Help** tab and the **Critera** tab. Click the **Click here for additional help** button to open a window that contains a complete description of the measure and what data is needed for qualification.

The **Help** tab on the Operational Quality Measures dashboard provides a description of each of the dashboard's five tabs. It also includes a glossary that defines the terminology needed to use the dashboard.

Qualifying Visits

Each measure on the Operational Quality Measures dashboard specifies the number of qualifying visits a patient must have had in order for the details of their care to be considered against the criteria of the measure. These visits must have occurred during the time period that the measure specifies.

Encounters must include a charge with a procedure that has been identified as being a Qualifying Visit in your Intergy system. The Procedure Code Maintenance window in the Intergy Desktop includes a Qualifying Visit check box.

For more information, see the Procedure Code Maintenance Window topic in the Intergy Help system.

- Encounters with pending charges are considered for qualification once a user creates and saves a patient charge on the **Orders and Charges** tab in Intergy EHR.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

- Encounters with charges are considered for qualification once an encounter has been posted with a qualifying procedure code through Intergy's Charge Posting or Pending Charges.

Data Lists

In Practice Analytics, many of the measures on the dashboards use data lists to identify which patients should be counted in its results. These pre-defined data lists store codes that identify a variety of qualifying conditions. For information about how data lists are used, refer to a measure's detailed measure help by clicking the **Click here for additional help** button.

Changing the content of any data lists used by the measures is normally not recommended. The codes on the data lists adhere to the standards for clinical care set by the Centers for Medicare & Medicaid Services (CMS). Changing the values on these data lists may cause you to misrepresent your compliance with Meaningful Use measures when submitting data to CMS.

Refer to a specific data list's contents for the codes used to qualify patients.

Intergy Setup

The following setup is recommended prior to the start of the reporting period. This will assure that you are meeting the measures and that information needed for attestations will be available.

Encounter Note Form and Visit Note Template

The Meaningful Use Encounter Note Form and Meaningful Use Visit Note Template are available for use with the Operational Quality Measures dashboard. They include specific Medcin findings that are used in many of the data lists used for the operational measures. Additional information about the Meaningful Use form is located in the "Appendix A: Examining Operational Measures on the Meaningful Use Form" section of this document.

Greenway recommends that you either use the Meaningful Use Form and Template or modify your existing forms to include the Medcin findings needed for your practice's meaningful use documentation.

The Core Measures and Menu Measures pages of the Meaningful Use Form and Template are specific for some of the Operational Quality Measures dashboards. The Medcin findings on these pages are included in a data list starting with a prefix of *MU* and including *MedcinID* or *MedcinID.NC* at the end of the data list name. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for additional details related to the Meaningful Use Encounter Note Form.

Before you can view the Medcin ID code in the Intergy EHR Patient Chart Documents Outline tab, encounter note providers must set their own **Show Finding ID in Outline** preference. To set the **Show Finding ID in Outline** preference, click the Intergy EHR menu, select Preferences, and then select **Encounter Note**.

Race and Ethnicity

The Intergy Patient Information **Race** and **Ethnicity** fields can be set as required for new patient entry and/or quick patient entry.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Refer to the *Intergy System Setup Guide*, "System and Practice Administration" chapter, *Parameters and Preferences* topic for additional information on setting up required parameters.

Specific Intergy Patient Information **Race** and **Ethnicity** fields are required for the Demographics Recorded Operational meaningful use measure. The Lookup Code Maintenance user security feature can be set to control adding, activating/deactivating and editing look-up codes and therefore control a user's ability to make unwanted changes.

CMS Attestation Requirements for the Operational Measures

Eligible providers will be required to complete their Medicare EHR Incentive Program attestation in the CMS system. For Stage I, you will need to attest to all 14 of the core measures and 5 out of the 10 menu measures. For additional information in reference to attestation, you can review the Center for Medical and Medical Services EHR Incentive Programs Attestation Web page: http://www.cms.gov/EHRIncentivePrograms/32_Attestation.asp#TopOfPage

The Operational Quality Measures dashboard contains eighteen Stage 1 measures (twelve Core measures and six Menu measures) and sixteen Stage 2 measures (thirteen Core measures and three Menu measures).

This document also includes information for seven Stage 1 measures and six Stage 2 measures which are reported by attesting with a Yes or No response. For information related to these non-dashboard measures, refer to the "Understanding Measures That Require Yes/No Responses" section of this document.

Kryptiq Practice Portal

Important Practice Portal Setup Information: To ensure compliance with Core Measure 7 - View/Download/Transmit, the **Chart Summary** page on your Practice Portal must be set up to show patients the following sections:

- Allergies
- Lab Results
- Medications
- Plan of Care
- Problems
- Procedures
- Social History
- Vital Signs
- Chart Summary
- Chart Access History

Auditing Criteria: Secure Messaging and Patient Portal requires that the following criteria be met to fulfill Core Measure 17 requirements: All providers who receive secure messages must use an email address that is within the internal domain to receive credit for those messages.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

For more information about setting up the Practice Portal to ensure compliance with Meaningful Use measures, refer to Kryptiq's Guide to Meaningful Use Stage 2 here.

Stage 1 Measures

Note: The measures on the Operational Quality Measures Dashboard will be renumbered to align with CMS's measure-numbering system in a future update of Intergy Practice Analytics Version 9.

Only the measure numbering will be updated: The content and logic for these Quality Measures is correct and apply to Meaningful Use Stage 1.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 1 Computer Physician Order Entry

Overview

Core 1 Computer Physician Order Entry (CPOE) reports the percentage of unique patients who had a prescription entered through Intergy EHR.

You can select either MU-1 Computer Physician Order Entry (CPOE) measure or the MU-1a CPOE Stage 1 Alternate measure when you complete the eligible providers meaningful use attestation for core measure 1 of 14 for stage 1 of the Medicare and Medicaid Electronic Health Records incentive program. This is effective for the CMS 2013 measurement year.

Eligible Provider Attestation Exclusion

EXCLUSION: Eligible providers (EPs) who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. EPs must enter the number of prescriptions written during the EHR reporting period in the Exclusion box to attest to exclusion from this requirement.

Using the Measure Provider Dimension

When a provider is selected from the Measure Provider dimension, the patient must have at least one non-reported medication reported by the selected provider in order to qualify for the denominator. This information is related to your denominator and numerator values used when you are preparing for CMS attestation.

Using the Patients with Medication Dimension

The MU-1 Computer Physician Order Entry (CPOE) measure includes the Patients with Medication dimension located on the Criteria tab. This dimension allows providers who meet certain conditions to exclude patients from the denominator, if they have never written a prescription for those patients.

The CPOE for medication orders objective is to use computerized provider order entry (CPOE) for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines.

The CPOE measure has an attestation reporting goal for more than 30 percent of all unique patients with at least one medication in their medication list seen (reported or prescribed) by the eligible provider have at least one medication order entered (prescribed) using CPOE.

There may be scenarios when a provider maintains a patient medication list, prescribes more than 100 medications during the reporting period but does not meet the more than 30 percent goal. This happens when the provider has a high percentage of patients with reported medication vs. prescribed medications. This is a common scenario when the eligible provider is not the patients primary provider.

The **Patients with Medication** dimension **Prescribed Only** option can be selected when the eligible provider writes more than 100 medications during the reporting period, but does not qualify for the measure due to the high percentage of patients with reported medications vs. prescribed medications.

The Patients with Medication dimension has two options:

- **All Patients** – Allows patients with at least *one reported or prescribed medication* to qualify for the denominator. This is the default option.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

- **Prescribed Only** – Allows patients who had at least *one prescribed medication* prior to the reporting period end date to qualify for the denominator.

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

The following table provides additional denominator criteria for this measure based on the **Patients with Medication** dimension options.

Criteria details	Implementation guidelines
Patients with Medication dimension - All Patients option	
When the **Patients with Medication All Patients** option is selected, then patients who have at least one prescription written *or* reported during the reporting period are included in the denominator.	Use the: • Intergy EHR Orders/Charges system to prescribe a patient medication. • Intergy EHR Patient chart Meds button to prescribe or report a patient medication.
Patients with Medication dimension – Prescribed Only option	
When the **Patients with Medication Prescribed Only** dimension option is selected, then patients qualify if they have the following criteria. • At least one prescription reported or written during the reporting period. • At least one non-reported medication prior to the end of the reporting period.	Use the: • Intergy EHR Orders/Charges system to prescribe a patient medication. • Intergy EHR Patient chart Meds button to prescribe a patient medication.

Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria details	Implementation guidelines
Patients qualify based on the existence of at least one medication *prescribed* during the reporting period. Reported medications are *not* included in the numerator criteria.	To verify a patient's prescription detail, access Intergy EHR, select the patient, click the **Meds** button on the Chart Nav bar, and then select the appropriate **View** drop-down option to view the active prescription record detail.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 1a CPOE Stage 1 Alternate

Overview

Core 1a CPOE Stage 1 reports the percentage of prescriptions entered by a licensed healthcare provider through Intergy EHR.

You can select either MU-1 Computer Physician Order Entry (CPOE) measure or the MU-1a CPOE Stage 1 Alternate measure when you complete the eligible providers meaningful use attestation for core measure 1 of 14 for stage 1 of the Medicare and Medicaid Electronic Health Records incentive program. This is effective for the CMS 2013 measurement year.

The CPOE Stage 1 Alternate measure is a prescription-centric measure and counts prescriptions not patients. No patient-related dimensions are available on the **Criteria** tab.

The CPOE Stage 1 Alternate measure is part of the reporting for effective year 2013. This measure should not be selected for CMS attestation until reporting results for the 2013 measurement year.

Denominator Criteria

Prescriptions that are written (not reported) during the prescription period qualify for the denominator. The prescription period is maintained in the Criteria tab

Numerator Criteria

A prescription qualifies for the numerator if the prescription meets at least one of the listed criteria in the following table.

Criteria detail	Implementation guidelines
The prescription was *entered* in the Intergy EHR system by the ordering provider. The ordering provider would be the provider logged on to the Intergy EHR system.	Use the: • Intergy EHR Orders/Charges system to establish a patients prescription. • Intergy EHR Patient Chart tab to create a patient prescription.
The prescription was *entered* into the Intergy EHR system by a mid-level provider, such as a nurse practitioner (NP) or physician's assistant (PA.) When the NP or PA is working under the guidance of a supervising provider, the supervising provider will be the qualifying measure provider.	Use the: • Intergy Provider Setup to assign supervising parameters. • Intergy EHR Orders/Charges system to establish a patients prescription. • Intergy EHR Patient Chart tab to create a patient prescription.
The prescription was *entered* in the patients prescription record by a non-provider who has been assigned an Intergy Users and Security Role of CPOE. The CPOE value is matched to the	• Use the Intergy Practice Administration Users and Security CPOE Role assignment to qualify the prescription entered by a non-provider

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Criteria detail	Implementation guidelines
iDASH_MU1_CPOEUserRole data list.	user. • Review the iDASH_MU1_CPOEUserRole data list.

Using the Intergy Users and Security Role of CPOE

The CPOE Stage 1 Alternate measure is reporting prescriptions based on the qualifying user that entered the prescription. There may be scenarios when a user is qualified to enter prescriptions into Intergy EHR, but is not listed as a provider in Intergy Practice Management. For example, a provider works closely with a scribe who is the user logged into Intergy EHR and who completes the patient chart information, including entering prescriptions.

If your practice has a scenario, where the user logged into Intergy EHR is a non-provider and is the user entering the prescription under the guidance of the ordering physician, then you will need to create an Intergy Users and Security Role of CPOE. The role will then need to be assigned to the qualified non-provider user(s) to capture the prescription in the denominator and/or numerator.

The CPOE role value is matched to the DASH_MU1_CPOEUserRole data list.

The following table provides the steps on how to add the CPOE role to your Intergy Practice Management system and assign it to the appropriate user(s). .

The CPOE Users and Security Role does not have to be assigned with security features. The existence CPOE role is what is used to qualify the non-provider user.

Step	Action
Creating the CPOE Role	
1	Log on to Intergy Practice Administration.
2	Click **Setup** and then click **Users and Security**.
3	Click the **Display** menu option to verify the **Show Definitions Tabs** and the **Show Standard Override pages** options are **checked**.
4	Click the **Roles Definitions** tab and then click the **New** button.
5	Type **CPOE** in the **Name** and the **Description** text fields.
6	Select the **Class** drop-down arrow to select a class *or* leave this field blank.
7	Click **Save**.
Assigning the CPOE Role	
8	Click the **User Setup** tab.
9	Locate the **Logon** user you want to assign the CPOE role.
10	Click **Roles** from the navigation pane and then select the **CPOE** check box to assign the role.
11	Click **Save**.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 2 Prescriptions Sent Electronically

Overview

Core 2 Prescriptions Sent Electronically reports the percentage of all prescriptions in the Intergy EHR that were sent electronically to a pharmacy that accepts EDI transactions. You must use the Intergy EHR Prescription system to create an active prescription record to qualify for the MU-2 Prescriptions Sent Electronically measure.

The Electronic Prescriptions measure counts prescriptions, not patients. No patient-related dimensions are available on the **Criteria** tab.

Eligible Provider Attestation Exclusion

EXCLUSION: Eligible providers (EPs) who write fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Additionally, any EP who does not have a pharmacy within their organization and has no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his/her EHR reporting period would be excluded from this measure.

Denominator Criteria

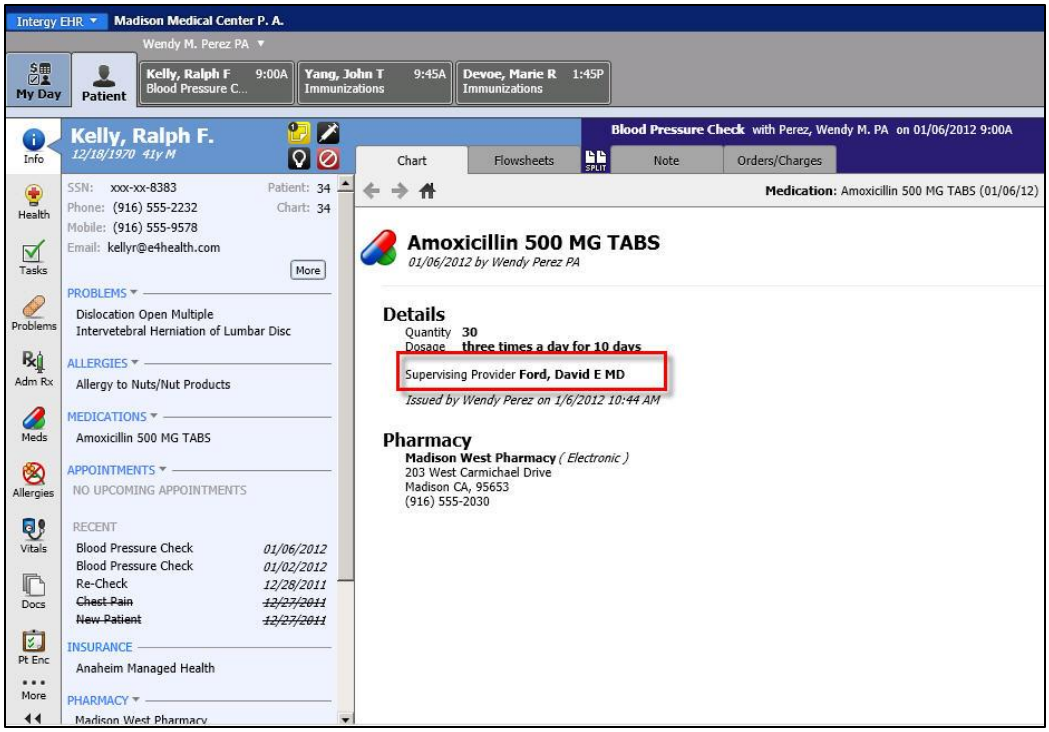
The following table identifies the details of the denominator criteria.

Criteria details	Implementation guidelines
Electronic prescripts qualify based on the patients Intergy EHR medication record which includes prescriptions with a documented pharmacy within the prescription period. The pharmacy has to be set up to allow electronic prescriptions The patient's medications list will include prescriptions that have any of the following statuses. • Current (C) • Ready (R) • Queued (Q) • Discontinued (D) • Transmitted (X)	• To establish the prescription period for the Prescriptions Sent Electronically measure, select the **Prescriptions** input box from the **Criteria** tab, **Reporting Period** dimension. • To review the pharmacy set up, access Intergy, click **Setup**, click **Prescriptions**, and the select **Pharmacies**. Search for the pharmacy that you need to review and determine that the **EDI Enabled** check box is active. • To review a prescription status, access Intergy EHR, select the patient and then click the **Meds** button from the Chart Nav bar. The status can be viewed in the Patient chart Mediations Issued screen or by hovering over a medication on the Patient chart Medications list.

Measure Provider Criteria

The Prescriptions Sent Electronically measure qualifies the supervising provider as the measure provider when the patient's electronic prescription includes a supervising provider. The ordering (Issued by) provider is the qualifying measure provider when a supervising provider is not included.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14



Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria details	Implementation guidelines
All qualifying prescriptions sent to an EDI-active pharmacy during the prescription period are included in the numerator.	Review the following: • Pharmacy setup for an EDI set up. • Operational Criteria tab, Prescription Period to recognize the measure period related to this measure. • Patient's Current Medications list, Issued screen in Intergy EHR Patient chart and verify that the active (current) prescription has a method field identified as Electronic, as shown in Figure 1.
Non-electronically sent prescriptions are excluded.	Review the active Medications list for the patient to verify the issue method field, as shown in Figure 1.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

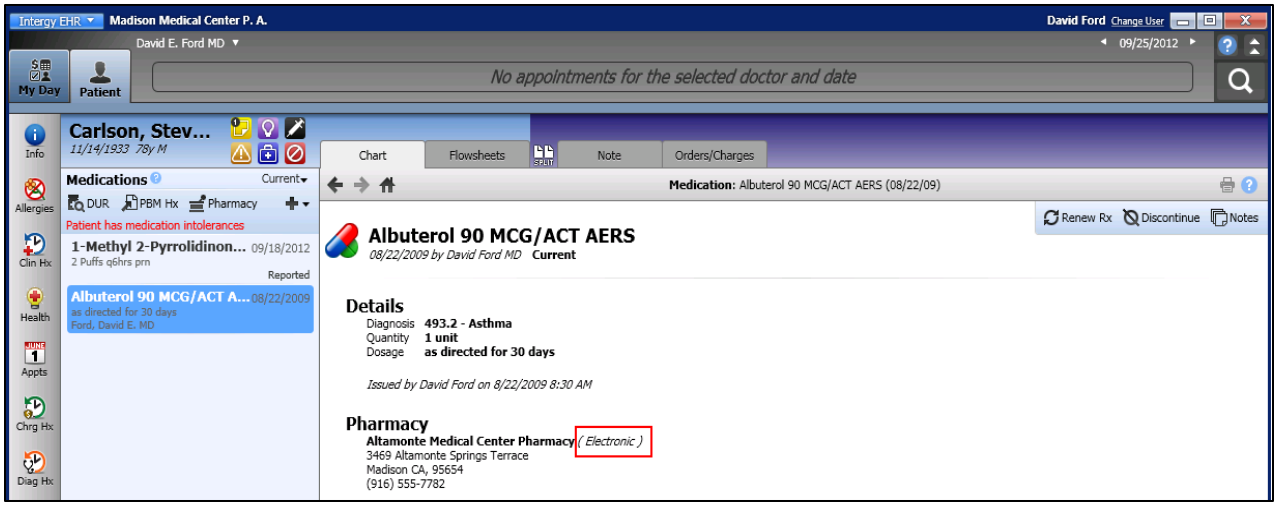


Figure 1 Verify the prescription send method

Patient Medications Not Included in the Denominator Criteria

The following table identifies patient prescriptions that are not included in the denominator.

Criteria details	Implementation guidelines
The following types of prescriptions will **not** qualify the patient for the denominator: • Administered medications. These are indicated by a send mode of Administered. • Other prescriptions. These are indicated by a send mode of Other. • Sample prescriptions. These are indicated by a send mode of Sample. • Prescriptions for drugs that are flagged not to allow EDI transactions. These are indicated by drug code records where the Allow EDI flag = N. • Prescriptions for drugs with a Controlled Substance Indicator of 2, 3, 4, or 5 will not be included in the denominator. • Reported Medications.	To verify: • The send mode of the prescription , go to the Intergy EHR Patient Chart Meds tab and display the Medication details by selecting the medication. The send mode of the prescription will display below the Pharmacy header. • The drug EDI flag - access Intergy, click **Setup**, **Prescriptions**, **Drugs**, and review the **Allow EDI** field. • A non-controlled substance - access Intergy, click **Setup**, **Prescriptions**, **Drugs**, and review the **DEA** field. • A prescription status of **Reported** - access Intergy EHR, select the patient and then click the **Meds** button from the Chart Nav bar. The status can be viewed on the Patient chart Mediations Issued screen or by hovering over a medication on the Patient chart Medications list.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 5 Electronic Copy of Health Information (2013)

As of January 1, 2014, Core 5 Electronic Copy of Health Information (2013) is no longer valid for Meaningful Use reporting.

This measure has been replaced by Core 7 View, Download, Transmit Health Information (Stage 1).

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 6 Clinical Summaries Provided

Overview

Core 6 Clinical Summaries Provided reports the percentage of encounters for which clinical summaries were provided. Clinical summaries are to be provided to patients for more than 50 percent of all office visits within three business days.

Eligible Provider Attestation Exclusion

EXCLUSION: Any eligible provider who has no office visits during the EHR reporting period.

The Clinical Summaries Provided measure is an encounter-centric measure and counts pending or billable encounters not patients. No patient-related dimensions are available on the **Criteria** tab.

Denominator Criteria

The following table identifies the details of the denominator criteria.

Criteria detail	Implementation guidelines
Encounters are counted in the denominator if they recorded a non-voided, face-to-face visit during the reporting period. Qualifying encounters must include charges or pending charges which are associated with procedure codes that match values on the iDASH_MU19_EncounterCPT data list.	Review: • Intergy for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • The iDASH_MU19_EncounterCPT data list for a qualifying CPT code. • These procedure codes must have been marked as Qualifying Visits on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria detail	Implementation guidelines
Provide a clinical summary to patients for more than 50 percent of all office visits to qualify for the numerator.	The Intergy EHR Correspondence system can be used to create a patient's clinical summary document or a Clinical Summary CCD can be generated from the Patient Summary
Providing a clinical summary to the patient is recognized in the numerator when it has been documented on the patient's Intergy EHR Note record. The Intergy EHR Meaningful Use Encounter Note	Use the Intergy EHR Meaningful Use Encounter Note Form to document that a clinical summary was provided. Review the following: • Intergy EHR Patient chart **Docs** tab to verify a

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Form and Visit Note Template includes Medcin IDs used to document Meaningful use requirements. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for a list of Medcin findings and their details.	patient's recorded Medcin ID value. • iDASH_MU19_ClinicalSummaryMedcinID data list for matching values.
OR Providing a clinical summary to the patient is recognized in the numerator when it has been generated via the Patient Chart as an exchange document (CCD).	Select the Print Summary, Send Summary, or the More option from the top right of the Summary page. The first two options will generate the document and send it to the printer or the patient. The third option will display the Generate window if customization of the CCD is needed. All options will count towards the numerator A check mark appears on the left side of the Encounter Information section of the Today panel on the Patient Summary page in Intergy EHR

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 7 View, Download, Transmit Health Information

Overview

This measure reports the percentage of patients who have been granted online access to their personal health information. Patients of any age may be counted in this measure.

Note: Beginning in Effective Year 2014, this measure will replace Menu 5 Electronic Health Info Access (Stage 1) and Core 5 Electronic Health info on Request (Stage 1).

Important Practice Portal Setup Information

To ensure compliance with this measure, the Chart Summary Page on your Practice Portal must be set up to show patients the following sections:

- Allergies
- Lab Results
- Medications
- Plan of Care
- Problems
- Procedures
- Social History
- Vital Signs
- Chart Summary
- Chart Access History

For more information about setting up the Practice Portal to ensure compliance with Meaningful Use measures, refer to Kryptiq's Guide to Meaningful Use Stage 2 here.

Denominator Criteria

The following table identifies the details of the denominator criteria.

Criteria detail	Implementation guidelines
Patients are counted in the denominator if they had at least one non-voided face-to-face encounter during the reporting period. This encounter must include a charge or a pending charge that is associated with a procedure code.	Review: • Intergy for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Numerator Criteria

This numerator reports the percentage of unique patients in Intergy EHR with online access to personal health information via the Intergy Practice Portal. The reported percentage is intended to identify the percentage of unique patients in Intergy EHR who request personal health information and receive it within four days via the Intergy Practice Portal.

Criteria details	Implementation guidelines
The practice must offer the patient online access to their information through the Practice Portal.	Your practice will provide the patient with Practice Portal registration information, usually through an Intergy Letters/Labels Patient Portal letter, which provides them with the PIN # used to register and *verify* their Practice Portal account. You can also provide the Practice Portal registration information through a Practice Portal Secure Message request.
Patients are counted in the numerator if they have been granted online access to their personal health information.	This is indicated by the assignment of a PIN in the Intergy system that would allow patients online access to the Intergy Practice Portal. To verify that a patient has been assigned a Practice Portal PIN in Intergy, view the patient in the Person Maintenance window. After selecting the patient, the Portal PIN field in the bottom right corner of the window shows if a PIN has ever been assigned to the patient An expired value in the Portal PIN field indicates that the patient has never used the PIN to access the Intergy Practice Portal. However, since the patient was granted online access to their personal health information, the patient will still be counted in the Numerator.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 8 Demographics Recorded

Overview

Core 8 Demographics Recorded reports the percentage of patients that have recorded demographics.

The Demographics Recorded measure does not use a reporting period when calculating the numerator. The patient records are examined for numerator criteria as of the most recent Practice Analytics data base load. However, the visit period is used to define the time period when searching for patients that meet the denominator criteria

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

A patient record needs certain specific values to qualify for the numerator. The Intergy Patient Information window relates to the fields used to qualify a patient.

The following table identifies the numerator criteria details and the source of the information.

Demographic recorded measure value	Intergy field
Date of Birth (DOB)	DOB
Gender (G)	Sex
Language (L)	Lang
Race (R)	Race/Ethnicity
Ethnicity (E)	Race/Ethnicity

If any one of the Intergy fields does not contain a value, the patient will fail to qualify for the Demographics Recorded measure.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 9 Problem List

Overview

Core 9 Problem List reports the percentage of patients that have an existing active patient problem recorded on the patients Intergy EHR Problems list.

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies the detail of the numerator criteria.

Criteria detail	Implementation guidelines
Patients qualify for the numerator based on the existence of at least one active Patient Problem record at the time of the Practice Analytics data base load.	• Use Intergy EHR Patient Chart Problems to establish a problem list. • The No Active Problems option, available on the Intergy EHR Patient Problems list, also identifies an active patient problem and qualifies the patient for the measure.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 10 Active Medication

Overview

Core 10 Active Medication List reports the percentage of patients seen by the physician during the reporting period who have at least one medication entry or the No Meds Taken medication option.

The Active Medication List measure does not use a reporting period when calculating the numerator. Instead, patient records are examined for numerator criteria as of the most recent Practice Analytics data base load. However, the visit period is used to define the time period when searching for patients that meet the denominator criteria

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies the details of the numerator criteria, including any numerator exclusions.

Criteria details	Implementation guidelines
Patients qualify for the Active Medication List measure based on the existence of at least one active (non-lapsed) medication record, which includes using the No Meds Taken option.	• Use the Intergy EHR Prescription system to create an active prescription record. • To verify an active prescription record, access Intergy EHR Meds tab See • Figure 2. • The No Meds Taken option, available on the Intergy EHR Meds list, also qualifies the patient for the measure.

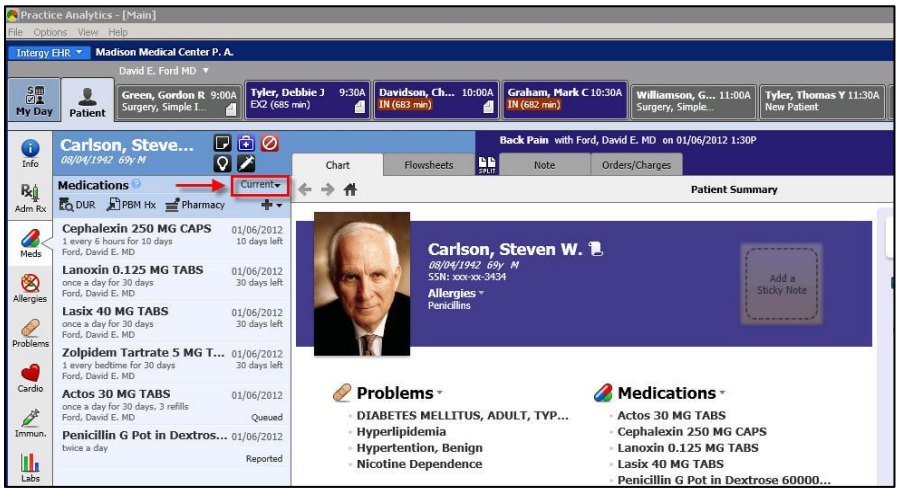


Figure 2 The Patient chart Meds Current

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 11 Active Medication Allergy List

Overview

Core 11 Active Medication Allergy List reports the percentage of patients seen by the physician who have an active allergy record.

The Active Medication Allergy List measure does not use a reporting period when calculating the numerator. Instead, patient records are examined for numerator criteria as of the most recent Practice Analytics data base load. However, the visit period is used to define the time period when searching for patients that meet the denominator criteria.

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria detail	Implementation guidelines
Patients qualify based on the existence of a least one active Allergy record which includes using the **No Known Allergies** option.	• Use the Intergy EHR Allergy system to create an active allergy record. • To verify an active allergy record, access Intergy EHR, select a patient, click the **Allergies** button from the Chart Nav bar, and then select the **Active** Allergies list view option. See Figure 3.

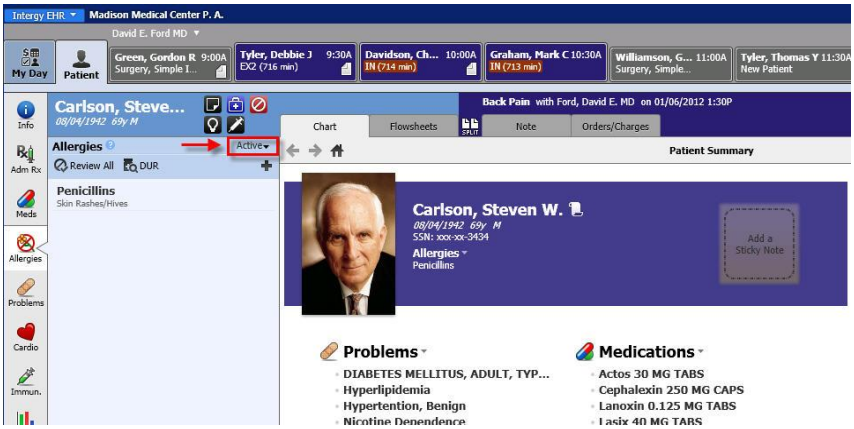


Figure 3 The **Patient chart Allergies Active** status option

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 12 Vitals Recorded

Overview

Core 12 Vitals Recorded reports the percentage of patients who have a recorded height, weight, and/or blood pressure in Intergy EHR.

Eligible Provider Attestation Exclusion

EXCLUSIONS

Any EP who:

- *Sees no patients 3 years or older is excluded from recording blood pressure;*
- *Believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from recording them;*
- *Believes that height and weight are relevant to their scope of practice, but blood pressure is not, is excluded from recording blood pressure; or*
- *Believes that blood pressure is relevant to their scope of practice, but height and weight are not, is excluded from recording height and weight.*

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Using the Vitals Numerator Vitals Dimension

The Vitals Recorded measure contains a Vital numerator dimension to filter the following vital reported values.

- Height
- Weight
- BP (blood pressure)

Review the Numerator Criteria section for full details of each of the Vitals options and the reporting year recommendations for each option.

Numerator Criteria

Patients are counted in the numerator if they have vitals recorded based on the **Vitals** dimension options.

The following table provides the criteria for the Vitals Recorded measure based on the **Vitals** dimension options.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Criteria details	Implementation guidelines
Vitals dimension – Height/Weight/BP option	
The **Height/Weight/BP** option will report patients who had each of the following vitals recorded. • Height • Weight • BP (blood pressure) The height and weight measurements must have been recorded on the same day in order to qualify, by the blood pressure reading may have been recorded at any point during the reporting period. Patients younger than three years of age are not required to have a blood pressure reading in the order to qualify for the numerator. If a patient was less than three years old on the date those vitals were recorded and did not have a blood pressure reading, they will be counted in the numerator even when the **Height/Weight/BP** option is selected.	Use the Intergy EHR Patient chart Vitals button to report a patients height, weight and BP based on the patients age requirements.
Vitals dimension – Height/Weight Only option	
The **Height/Weight Only** option will report patients who had height and weight measurements recorded on the same day during the reporting period.	Use the Intergy EHR Patient chart Vitals button to report a patients height, weight and BP based on the patients age requirements.
Vitals dimension – BP Only option	
The **BP Only** option will report patients who are three years or older who had blood pressure recorded during the reporting period.	Use the Intergy EHR Patient chart Vitals button to report a patients height, weight and BP based on the patients age requirements.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Core 13 Smoking Status Recorded

Overview

Core 13 Smoking Status Recorded reports the percentage of all patients whose current smoking status is documented in the medical record.

Eligible Provider Attestation Exclusion

EXCLUSION: Any eligible provider who sees does not see patients 13 years old or older.

Denominator Criteria

Patients must meet ***both*** of the following in order to meet the denominator criteria:

Criteria details	Implementation guidelines
They were 13 years old or older at the beginning of the reporting period.	Review Intergy or Intergy EHR for a patient's age at the beginning of the reporting period.
They had at least one non-voided face-to-face encounter during the reporting period. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies patients who qualify for the numerator when they meet ***any*** of the listed numerator criteria documented during the reporting period.

Criteria details	Implementation guidelines
A patient with an Intergy EHR Patient chart problem that matches a Medcin ID value on the iDASH_MU9_SmokerStatusMedcinID.NC data qualifies for this measure. The documented Problem onset date has to be dated before the end of the reporting period.	Review the Intergy EHR Patient chart, Problems list to verify: • A recorded patient problem has an ICD-9 code matched to a Medcin ID value on the iDASH_MU9_SmokerStatusMedcinID.NC data list. • The patient problem's onset date is before the end of the reporting period.
A patient with an Intergy EHR Patient Note document with a Medcin finding matched to the iDASH_MU9_SmokerStatusMedcinID.NC data list.	Review the Intergy EHR Patient chart, **Documents** tab to verify that a patient's recorded smoking status Medcin finding record matches a value on the iDASH_MU9_SmokerStatusMedcinID data list.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Criteria details	Implementation guidelines
A patient with an Intergy EHR Patient Note document with a Medcin finding matched to the iDASH_MU9_SmokerResponseMedcinID.NC data list. The documented Medcin ID must include a clinical lookup code as entered on the Meaningful Use Encounter Note Form.	• Document a Medcin finding, along with an associated clinical look-up type using the Meaningful Use Encounter Note Form. • Review the Intergy EHR Patient chart, **Documents Outline** tab to verify that a patient's recorded smoking status matches a value on the iDASH_MU9_SmokerResponseMedcinID.NC data list.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 2 Electronic Lab Results

Overview

Menu 2 Electronic Lab Results reports the percentage of lab results in the Intergy EHR that were entered in coded format within the reporting period.

The Electronic Lab Results measure is a lab result-centric measure and counts lab results not patients. No patient-related dimensions are available on the **Criteria** tab.

Eligible Provider Attestation Exclusion

EXCLUSION: If an eligible provider orders no lab tests whose results are either in a positive/negative or numeric format during the EHR reporting period they would be excluded from this requirement.

Denominator Criteria

The following table identifies patients who qualify for the denominator when they meet *any* of the listed denominator criteria.

Criteria details	Implementation guidelines
Criteria Set #1 Patient orders will be counted in the denominator if **both** of the following are true: • They have an Order type of Lab • They were placed in Intergy EHR during the reporting period. • They are resulted or the result due date is within the reporting period	To verify the date of a patient's order and whether it has been resulted: • Access Intergy EHR, Patient Chart and select the Orders tab. Review all Orders of type LAB. Select the Order to see the details and review the due date and linked results.
Criteria Set #2 Encounter findings which occurred during the reporting period will be counted in the denominator if they represent a lab order. This is indicated by an encounter finding based on a Medcin ID that matches a value on the iDASH_MU10_LabResultsMedcinID.NC data list. For more information, see the **Menu 2 Stage 1 Important Note about Data Lists**.	• To Verify a Patient's Lab Result using Findings Review the Intergy EHR Patient chart, **Documents** tab to verify that a patient's lab Medcin finding record matches a value on the iDASH_MU10_LabResultsMedcinID.NC data list

Menu 2 Stage 1 Important Note about Data Lists

If your practice uses encounter findings to represent lab orders, you must enter the Medcin IDs on which these encounter findings are based onto the iDASH_MU10_LabResultsMedcinID.NC data list. The iDASH_MU10_LabResultsMedcinID.NC data list is shipped with no values on it.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Numerator Criteria
The lab Order will counted in the numerator if at least one of the criteria in the following table is met:

Criteria details	Implementation guidelines
Criteria Set #1 Patient Lab orders will be counted in the numerator using Criteria Set #1 if they meet **both** of the following: • They were ordered by an eligible provider during the reporting period. • They are linked to a lab result which has a valid value (either text or numeric) in the lab results record.	• Lab results can automatically be linked to a Lab Order when ordering through the Electronic Lab Interface. • If a lab result is not linked to the order automatically, then you can manually link the result when reviewing the lab result task in Intergy EHR or from the Open Orders page in Intergy EHR Myday. • If entering Lab Results through the Intergy Manual Lab system, manually link the results to the order as described above. To verify a patient's Lab Order is linked to a result: Access Intergy EHR Patient Chart and go to the Orders tab. Select the Order to view details and see the associated result.
Criteria Set #2 Encounter findings will be counted in the numerator using Criteria Set #2, if they have a valid value (either text or numeric) in the **Value** field. For more information, see the **Menu 2 Stage 1 Important Note about Data Lists**.	• To Verify a Patient's Lab Result using Findings • Review the Intergy EHR Patient chart, **Documents** tab to verify that a patient's lab Medcin finding record matches a value on the iDASH_MU10_LabResultsMedcinID.NC data list • Note that these encounter findings must have a valid value (either text or numeric) in the Value field

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 4 Patient Reminders

Overview

Menu 4 Patient Reminders reports the percentage of unique patients (aged 5 years and younger or 65 years and older) who are provided with reminders during the reporting period.

Eligible Provider Attestation Exclusion

Exclusion: An EP who has no patients 65 years old or older or 5 years old or younger with records maintained using certified EHR technology.

Denominator Criteria

The following table identifies the details of the denominator criteria.

Note: The Reporting Period dimension for this measure includes a Visits dropdown instead of a Duration dropdown. This value of this Visits field defaults to **N/A**, or you can select from a range of values from 1 to 12 years, or a 90-day option. If you select a year value, patients that have at least one pending or billable visit encounter during the indicated visit period are included in the denominator.

Criteria details	Implementation guidelines
Patients aged five years and younger or 65 years and older at the time of the reminder are counted in the denominator.	Review Intergy or Intergy EHR for the documented patient age.
By default, all patients who are 5 years old and younger or 65 years old and older are counted in the denominator. However, if you specify a value in the Visits field, then only patients who meet the following are counted: • They were 5 years old or younger or 65 years old and older. • They had at least one non-voided face-to-face encounter during the period of time indicated in the Visits field. This encounter must include a charge or a pending charge that is associated with a procedure code. This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.	• Review Intergy or Intergy EHR for the documented patient age. • Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Numerator Criteria
The following table identifies the details of the numerator criteria.

Criteria details	Implementation guidelines
Patients qualify based on the existence of at least one recall notice record that belonged to a batch run with an accepted date that is within the reporting period.	• To verify the recall notice record, access Intergy, click **Scheduling**, **Recalls**, **Maintenance**, **Reports**, and then click the **Recall Reports** option. Generate a *Recall Report* based on the date in the reporting period. • You can also generate a *Recall Report* by accessing Intergy, click **Reports**, **Scheduling**, **Analysis**, and then click **Recall Report**.
Recall notices must have a status of **First** or **Second** (notice).	Verify the first or second notice by generating a *Recall Report*.

Recall Notices that belong to a batch without a Verified Date will not qualify the patient for this numerator.

A recall that does not contain a provider will not be included in the Patient Reminders measure. To review the recall list and assign a provider, go to Intergy, Scheduling, Recalls and then Maintenance.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 5 Electronic Health Information Access (2013)

As of January 1, 2014, Menu 5 Electronic Health Information Access (2013) is no longer valid for Meaningful Use reporting.

This measure has been replaced by Core 7 View, Download, Transmit Health Information (Stage 1).

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 6 Access to Patient Education Resources

Overview

Menu 6 Access to Patient Education Resources reports the percentage of encounters provided for patient education resources.

Denominator Criteria

Criteria detail	Implementation guidelines
Patients who had at least one non-voided face-to-face encounter during the reporting period will be counted in the denominator. This encounter must include a charge or a pending charge that is associated with a procedure code.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • This procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

The following table identifies patients who qualify for the numerator when they meet ***any*** of the listed numerator criteria documented during the reporting period.

Criteria details	Implementation guidelines
The patient will be included in the numerator if the Encounter has a Medcin finding indicating education was given to the patient The Intergy EHR Meaningful Use Encounter Note Form and Visit Note Template include Medcin IDs to document Meaningful use requirements. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for a list of Medcin findings and their details.	• Use the Intergy EHR Meaningful Use Encounter Note Form to document that patient education resources were provided. • Review the Intergy EHR Patient chart, Documents Outline tab to verify a patient's recorded Medcin ID code. • Review the iDASH_MU20_EducationMedcinID data list for matching values.
The patient will be included in the numerator If the encounter has an indication that the online education was accessed to give to the patient	• In Intergy EHR Patient Chart, right-click a patient problem or medication and select Patient Education from the options which are displayed. • For lab components, right-click the lab component and select Patient Education from the options that are displayed. • A clinical summary document for the encounter shows Education and Decision Aids that were provided during the visit in the Instructions section of the clinical summary document

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 7 Medication Reconciliation Performed

Overview

Menu 7 Medication Reconciliation Performed reports the percentage of encounters where patient care was transferred into the practice and where medication reconciliation was performed.

Eligible Provider Attestation Exclusion

EXCLUSION: Any eligible provider who was not the recipient of any transitions of care during the EHR reporting period.

The Medication Reconciliation Performed measure is an encounter-centric measure. No patient-related dimensions are available on the **Criteria** tab.

Denominator Criteria

The following table identifies the details of the denominator criteria.

Criteria detail	Implementation guidelines
Encounters are counted in the denominator if they included a 'transfer of patient care' into the practice during the reporting period. The Intergy EHR Meaningful Use Encounter Note Form and Visit Note Template include Medcin IDs used to document Meaningful use requirements. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for a list of Medcin findings and their details.	Use the Intergy EHR Meaningful Use Encounter Note Form to document a transfer of patient care from an outside source. Review the following: • Intergy EHR Patient chart Documents Outline tab to verify a patient's recorded Medcin ID code. • iDASH_MU21_TransferredMedcinID data list for a qualifying Medcin ID code.

Numerator Criteria

The following table identifies patients who qualify for the numerator when they meet ***any*** of the listed numerator criteria.

Criteria details	Implementation guidelines
An encounter finding for which medication reconciliation, matched to the iDASH_MU21_MedReconcileMedcinID data list, was performed within the reporting period and is matched to the pending or billable visit encounter captured for the denominator.	• Use the Intergy EHR Meaningful Use Encounter Note Form to document medication reconciliation. • Review the following: – Intergy EHR Patient chart Outline tab to verify a patient's recorded Medcin ID code. – iDASH_MU21_MedReconcileMedcinID data list for a qualifying Medcin ID code.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Criteria details	Implementation guidelines
Patients can also qualify based on their Intergy EHR prescription record. The patient's prescription records will include prescriptions that have any of the following statuses. • Current (new and/or renewed prescription) • Discontinued	• Use the Intergy EHR Prescription system to prescribe a medication. • To review a prescription status, access Intergy EHR, select the patient and then click the **Meds** button from the Chart Nav bar. The status can be viewed in the Patient chart Mediations Issued screen or by hovering over a medication on the Patient chart Medications list.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Menu 8 Summary of Care Record Provided

Overview

Menu 8 Summary Care Record Provided reports the percentage of all encounters involving a transition in care for a patient and provided a summary care record.

Eligible Provider Attestation Exclusion

EXCLUSION: Any eligible provider who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.

The Summary Care Record Provided measure is an encounter-centric measure. No patient-related dimensions are available on the **Criteria** tab.

Denominator Criteria

Encounters are counted in the denominator if they indicate that the provider transitioned the care of a patient to another provider. This means that the provider has transferred or referred the patient to another provider. This can be indicated by any of the following:

Criteria detail	Implementation guidelines
An encounter finding showing that a continuity of care document was provided during the reporting period qualifies for the denominator.	Use the Intergy EHR Meaningful Use Encounter Note Form to document a patient's transition in care. Review the following: • Intergy EHR Docs tab to verify a patient's recorded Medcin ID value. • iDASH_MU22_PfxO-CCDSharedMedcinID data list for a qualifying Medcin ID value.
An encounter finding showing a transition in care out of the provider's office within the reporting period qualifies for the denominator. The Intergy EHR Meaningful Use Encounter Note Form and Visit Note Template includes Medcin IDs used to document Meaningful use requirements. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for a list of Medcin findings and their details.	Use the Intergy EHR Meaningful Use Encounter Note Form to document a patient's transition in care Review the following: • Intergy EHR Docs tab to verify a patient's recorded Medcin ID value. • iDASH_MU22_PfxO-TransferredMedcinID data list for a qualifying Medcin ID value.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Criteria detail	Implementation guidelines
A referral summary exchange document was created and linked to an encounter which occurred during the reporting period. The patient's provider sent another provider a transfer of care document using the Direct messaging feature of Practice Portal.	Using Intergy EHR Patient Chart, select the More option from the top right of the Summary page. This will display the Generate Document window. Select the "Referring Provider" option from this window to generate a referral summary document. This document will count towards the denominator. To see if a Referral summary has been created for the encounter, review the Intergy EHR Patient Chart Exchange documents tab.

Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria detail	Implementation guidelines
An encounter finding showing that a continuity of care document was provided during the reporting period qualifies for the numerator. The Intergy EHR Meaningful Use Encounter Note Form and Visit Note Template includes Medcin IDs used to document Meaningful use requirements. See "Appendix A: Examining Operational Measures on the Meaningful Use Form" for a list of Medcin findings and their details.	Use the Intergy EHR Meaningful Use Encounter Note Form to document a patient's transition in care. Review the following: • Intergy EHR Docs button to verify a patient's recorded Medcin ID value. • iDASH_MU22_PfxO-CCDSharedMedcinID data list for a qualifying Medcin ID value.
A referral summary exchange document was created and linked to an encounter which occurred during the reporting period. The patient's provider sent another provider a transfer of care document using the Direct messaging feature of Practice Portal.	Using Intergy EHR Patient Chart, select the More option from the top right of the Summary page. This will display the Generate Document window. Select the "Referring Provider" option from this window to generate a referral summary document. This document will count towards the numerator. To see if a Referral summary has been created for the encounter, review the Intergy EHR Patient Chart Exchange documents tab.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Understanding Measures That Require Yes/No Responses

STAGE 1 - Understanding the Core and Menu CMS Measures Requiring Yes/No Responses

Overview
During CMS EHR Incentive Program attestation, you will notice that there are Measures which only require the eligible professional (EP) to attest either Yes or No and do not require the numerator or denominator values.

In this section, we will review the core and menu CMS measures requiring either a yes or no response for attestation.

The *CMS Stage 1 Meaningful Use Specification Sheets for Eligible Professionals* document numbering has been followed on each of the additional measures for your convenience.

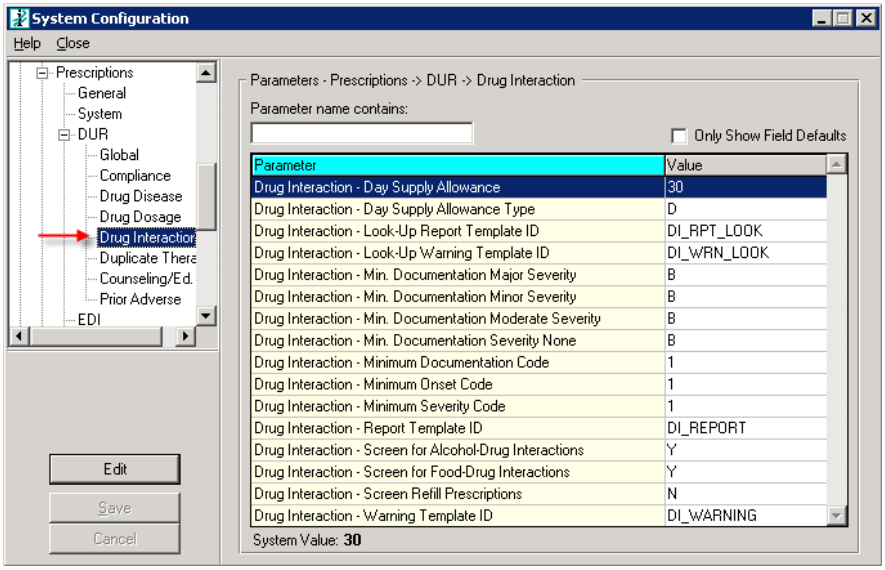
To access the *CMS Stage 1 Meaningful Use Specification Sheets for Eligible Professionals* document directly from the CMS EHR Incentive Programs Web page click following link.
http://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf

What Can You Do To Qualify Your Attestation?
The following table provides information on how your practice can meet and qualify your answers to each of the additional core and menu measures.

CMS Measure	How to qualify your attestation
Core measures	
Stage 1 Core Measure 2	**Core 2 - Drug Interaction Checks** **Objective**: Implement drug-drug and drug-allergy interaction checks. **Measure**: The eligible professional has enabled this functionality for the entire EHR report period. There are two options for creating an audit record for this measure Option 1 – System Configuration Screen - *This should be performed prior to the beginning of the Measurement period:* The Intergy solution for meeting the objective of this measure would be to configure, document and save your Intergy System Configuration Drug Interaction parameters. • To access your Intergy System Configuration Drug Interaction parameters: • Log on to **Intergy System Administration**, click **Setup** and then click **System Configuration**. • From the System Configuration screen, double-click **Prescriptions**, double-click **DUR** and then click **Drug Interactions**. • You may wish to keep a copy of this System Configuration screen (either electronic or paper) in a secure location as evidence that you performed this measure's object in

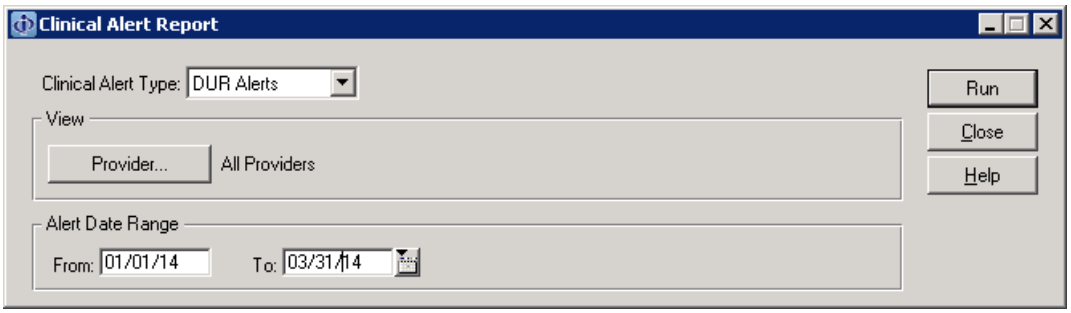
© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

the event of a CMS EHR Incentive Program audit.



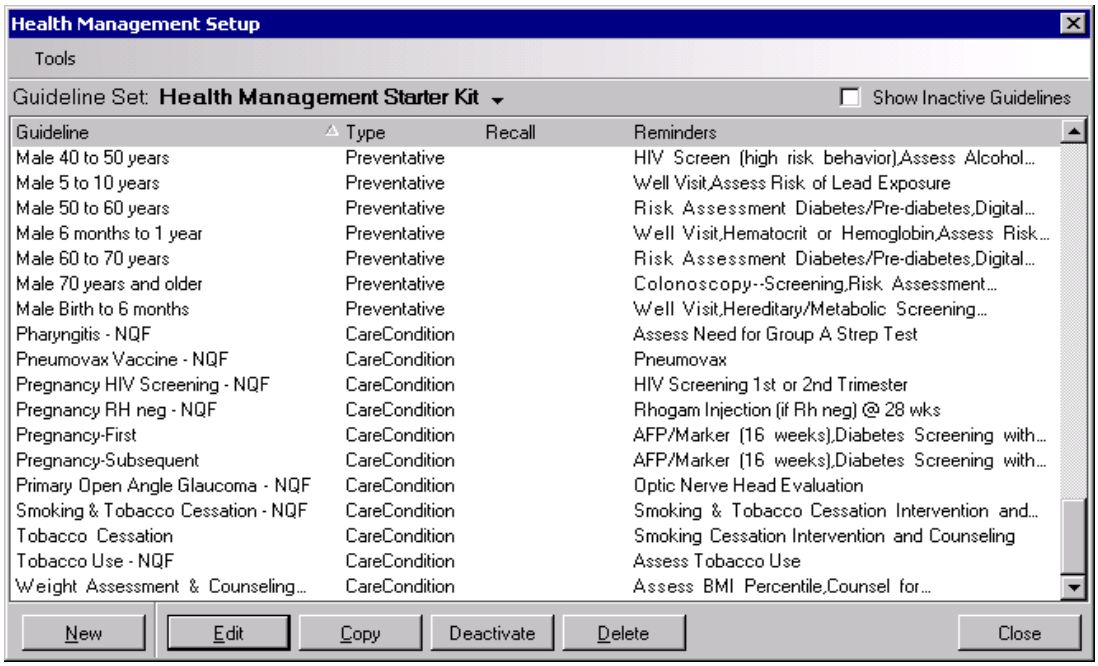
Option 2 – Clinical Alert Report - *This can be performed at the end of the measurement period.*

Intergy logs when DUR Alerts are presented for a prescription. These are available in the Clinical Alert Report. Run this report at the end of the measurement period for a specific provider for the measurement date range.



© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

CMS Measure	How to qualify your attestation
	Core measures
Stage 1 Core measure 11	**Core 11 - Clinical Decision Support Rule** **Objective:** Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance with that rule. **Measure:** Implement one clinical decision support rule Health Management can be used to satisfy the requirement Health Management is setup in Intergy EHR. Refer to the Health Management section of the EHR Help menu for further information regarding the setup and maintenance of the interventions.



There are two options for creating an audit record for this measure

Option 1 – Security Audit Reports - *This should be performed prior to the beginning of the Measurement period:*

Intergy logs when Health management guidelines are activated and deactivated. Also, Intergy logs when access to the Health Management is granted (via user security).

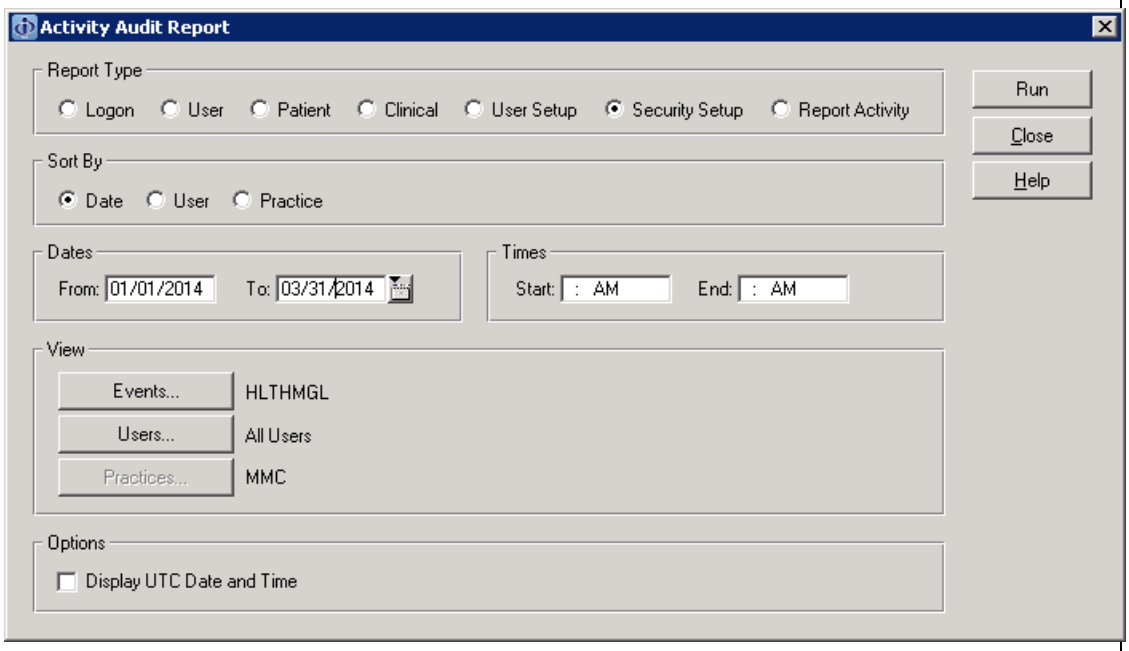
To assist in an audit, the practice administrator should:

- Activate the desired guidelines from Intergy EHR Health Management Setup
- Grant providers access to 'Health' via Practice Administration -> Users and Security ->Patient Info page
- Run an audit report from Practice Admin ->Utilities -> Security -> Activity Audit Logs

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

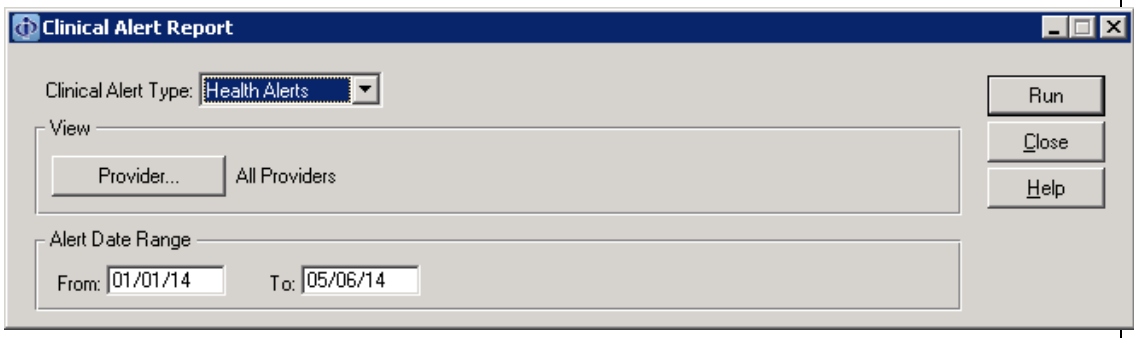
Then select the Reports menu and select Activity Audit Report:

- For Activating Guidelines – Select the Security setup option and select the 'Edit Guideline' Event.
- For granting providers access, select the User Setup option, and select the 'User PI Page Override'



Option 2 – Clinical Alert Report - *This can be performed at the end of the measurement period.*

Intergy logs when Health Reminders are presented for an encounter. These Reminders are available in the Clinical Alert Report. Run this report at the end of the measurement period for a specific provider for the measurement date range.



© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

<table>
<tr><th>CMS Measure</th><th>How to qualify your attestation</th></tr>
<tr><td colspan="2">Core measures, continued</td></tr>
<tr><td>Stage 1 Core measure 14</td><td>

Core 14 - Protect Electronic Health Information

Objective: Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.
Measure: Conduct or review a security risk analysis in accordance with the requirements under the HIPAA security rule 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.

Your practice must perform ongoing risk assessments to meet the measure's objective. The U.S. Department of Health and Human Services (HHS) Web page explains the security risk requirements at http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html.

See "*Appendix A: Examining Operational Measures on the Meaningful* Use Form and Visit Note Template

Overview
The Meaningful Use Encounter Note Form and Visit Note Template contain Medcin findings related to some of the Operational Core and Menu dashboard measures and data lists.

The following table identifies the Operational measures and their related Medcin findings.

<table>
<tr><th>Core Measures</th><th>Finding name</th><th>Medcin ID</th><th>Data list</th><th>Dashboard</th></tr>
<tr><td>Smoking Status 13 and > tab</td><td>Smoking status</td><td>1000005111</td><td>iDASH_MU9_SmokerResponseMedcinID.NC</td><td>MU-9 Smoking Status Recorded</td></tr>
<tr><td>Clinical Summary tab</td><td>Clinical summary provided to patient</td><td>1000004521</td><td>iDASH_MU19_ClinicalSummaryMedcinID</td><td>MU-19 Clinical Summaries Provided</td></tr>
<tr><th>Menu Measures</th><th>Finding name</th><th>Medcin ID</th><th>Data list</th><th>Dashboard</th></tr>
<tr><td rowspan="3">Education tab</td><td>Education And Instructions</td><td>132935</td><td rowspan="3">iDASH_MU20_EducationMedcinID</td><td rowspan="3">MU-20 Access to Patient Education Resources</td></tr>
<tr><td>Instructions for Patient</td><td>74937</td></tr>
<tr><td>Education And Counseling</td><td>78725</td></tr>
<tr><td>Med</td><td>Referred</td><td>112343</td><td>iDASH_MU21_TransferredMedcinI</td><td>MU-21</td></tr>
</table>

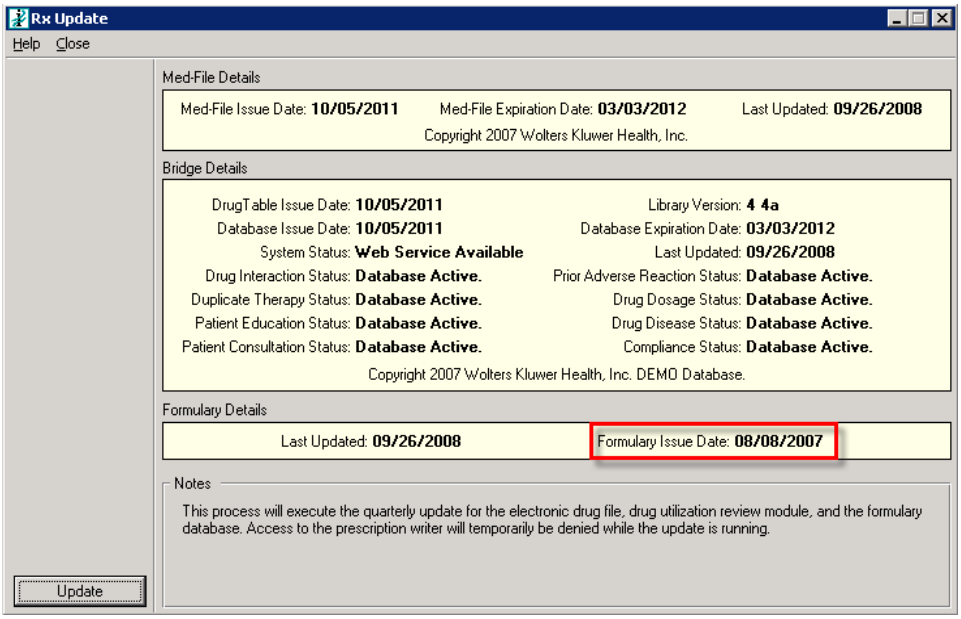
</td></tr>
</table>

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

	Reconciliation tab	here (use for free text)		D	Medication Reconciliation Performed
		Referred by	282651		
		Medication list reviewed	282573	iDASH_MU21_MedReconcileMedcinID	
	Summary of Care for Transitions	Transition in care, clinical summary provided	1000004522	iDASH_MU22_PfxO-CCDSharedMedcinID	MU-22 Summary Care Record Provided
		Referred to	1000000736	iDASH_MU22_PfxO-TransferredMedcinID	
		Referred to Primary Care Physician	258418		
		Consult Services	258674		
		Hospitalization	40083		
		Referred to Emergency Room	43391		
		Consultation With A Specialist	70565		
		Consultation With An Allied Medical Professional	70739		
		Referred To Local Mental Health Center	70757		

Appendix B: Protecting Your System from Security Risks" for more information on protecting electronic health information.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

CMS Measure	How to qualify your attestation
	Menu measures
Stage 1 Menu measure 1	**Menu 1 - Drug Formulary Checks** **Objective**: Implement drug formulary checks**.** **Measure**: The EP has enabled this functionality and has access to at least one internal or external formulary for the entire EHR reporting period. **Exclusion**: Exclude from this requirement any EP who writes fewer than 100 prescriptions during the EHR reporting period. The following identifies options that you can choose to qualify your attestation to this measure. • Document a screen shot of the DUR Report screen, which is available while writing a new prescription. • Document a screenshot of the Patient Information Personal Insurance screen showing the **Patient's Rx Benefit** field selection. • Document and save the installation of the drug formulary in Intergy. Access **Intergy System Administration**, click **Utilities** point to **Rx** and then click **Rx Update** to create a copy of your practices DUR and formulary installation and updates. You may wish to keep a copy of this Rx Update screen (either electronic or paper) in a secure location as evidence that you performed this measure's objective in the event of a CMS EHR Incentive Program audit. 

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

<table>
<tr><th>CMS Measure</th><th>How to qualify your attestation</th></tr>
<tr><td colspan="2">Menu measures, continued</td></tr>
<tr><td>Stage 1 Menu measure 3</td><td>Menu 3 - Patient Lists

Objective: Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach.
Measure: Generate at least one report listing of patients for the EP with a specific condition.

Your practice can use the Practice Analytics Patient by Care Condition dashboard to generate a report listing of patients with a specific condition. (You may wish to file a copy of this report as evidence that you performed this measure’s objective in the event of future CMS audit.)</td></tr>
<tr><td>Stage 1 Menu measure 9</td><td>Menu 9 - Immunization Registries Data Submission

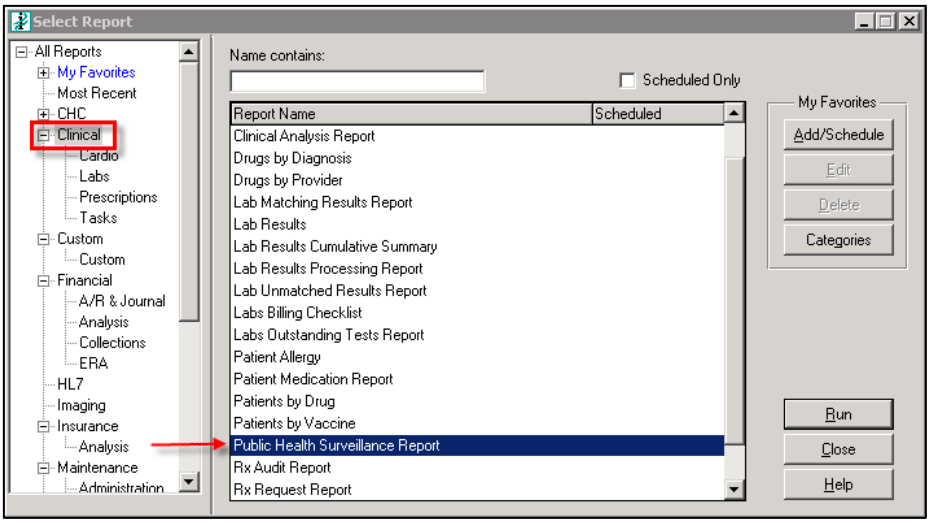
Objective: System has the capability and actual submission of electronic data to immunization registries or immunization information systems in accordance with applicable law and practice.
Measure: Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP submits such information has the capacity to receive the information electronically).
Exclusion 1: Exclude an EP who does not perform immunizations during the EHR reporting period from this requirement.
Exclusion 2: If no immunization registry has the capacity to receive the information electronically, exclude the EP from this requirement.

 Review your state guidelines related to immunizations registries or immunization information systems and actual submission in accordance with applicable law and practice. The American Immunization Registry Association (AIRA) Web page provides additional information at http://www.immregistries.org/about/index.phtml.

Vaccines recorded via the Intergy EHR Immunizations module are used to generate submission information.

If you are not already connected to an Immunization Registry, please contact your Sales Representative.</td></tr>
</table>

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

CMS Measure	How to qualify your attestation
	Menu measures, continued
Stage 1 Menu measure 10	**Menu 10 - Syndromic Surveillance Data Submission** **Objective**: Provide the ability to submit electronic syndromic surveillance data to public health agencies and verify submission in accordance with applicable law and practice. **Measure**: Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies; with follow-up submission if the test is successful (unless none of the public health agencies to which an EP submits such information has the capacity receive the information electronically). **Exclusion 1**: Exclude an EP if they do not collect reportable syndromic information on their patients during the EHR reporting period. **Exclusion 2**: Exclude the EP if no public health agency has the capability to receive the information electronically. Your practice can generate the *Public Health Surveillance Report* to show compliance with this measure. Keep a copy of this report (either electronic or paper) in a secure location as evidence that you performed this measure in the event of a CMS EHR Incentive Program audit. To access the *Public Health Surveillance Report*, log on to **Intergy**, click **Reports** and then click **Select**. From the Select Report screen, double-click **Clinical**, and then select the *Public Health Surveillance Report*. Keep a copy of the *Public Health Surveillance Report* (either electronic or paper) in a secure location as evidence that you performed this measure's objective in the event of a CMS EHR Incentive Program audit. 

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Appendix A: Examining Operational Measures on the Meaningful Use Form and Visit Note Template

Overview

The Meaningful Use Encounter Note Form and Visit Note Template contain Medcin findings related to some of the Operational Core and Menu dashboard measures and data lists.

The following table identifies the Operational measures and their related Medcin findings.

Core Measures	Finding name	Medcin ID	Data list	Dashboard
Smoking Status 13 and > tab	Smoking status	1000005111	iDASH_MU9_SmokerResponseMedcinID.NC	MU-9 Smoking Status Recorded
Clinical Summary tab	Clinical summary provided to patient	1000004521	iDASH_MU19_ClinicalSummaryMedcinID	MU-19 Clinical Summaries Provided
Menu Measures	**Finding name**	**Medcin ID**	**Data list**	**Dashboard**
Education tab	Education And Instructions	132935	iDASH_MU20_EducationMedcinID	MU-20 Access to Patient Education Resources
	Instructions for Patient	74937		
	Education And Counseling	78725		
Med Reconciliation tab	Referred here (use for free text)	112343	iDASH_MU21_TransferredMedcinID	MU-21 Medication Reconciliation Performed
	Referred by	282651		
	Medication list reviewed	282573	iDASH_MU21_MedReconcileMedcinID	
Summary of Care for Transitions	Transition in care, clinical summary provided	1000004522	iDASH_MU22_PfxO-CCDSharedMedcinID	MU-22 Summary Care Record Provided
	Referred to	1000000736	iDASH_MU22_PfxO-TransferredMedcinID	
	Referred to Primary Care Physician	258418		
	Consult Services	258674		
	Hospitalization	40083		
	Referred to Emergency Room	43391		
	Consultation With A Specialist	70565		
	Consultation With An Allied Medical Professional	70739		
	Referred To Local Mental Health Center	70757		

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Appendix B: Protecting Your System from Security Risks

The following table identifies some security risks and steps to take to assess and protect your system.

Risk	Assessment
Access control	To control user access, you can assign a unique name and/or number for identifying and tracking user identity and establish controls that permit only authorized users to access electronic health information. To accomplish this, create a user in Intergy System or Practice administration and assign role(s) and privileges. The system can be set up to prevent: • Creating the same user more than once. • A user from accessing the system if they enter an incorrect password. • A user from accessing data in the patient chart based on the privileges assigned the role.
Emergency access	Permit authorized users to access electronic health information during an emergency. You can set up an emergency user feature for users with an override capability. The override dialog is invoked when the user attempts to access data for a confidential user. You can demonstrate this feature in Intergy by: • Show the specific user permissions in Users and Security. • Show the workflow that includes the above mentioned override dialog box.
Automatic log-off	Terminate an electronic session after a predetermined time of inactivity. Your site must have single sign-on (SSO) enabled for this test. The test is demonstrated using a combination of Windows interval-enabled 'Lock the Computer' (screen saver) functionality and SSO usage. A single sign-on allows a user to enter one name and password in order to access multiple applications.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Risk	Assessment
Record actions	Record actions related to electronic health information in accordance with the standard specified in HIPAA security rule 170.210(b). Generate audit log; enable a user to generate an audit log for a specific time period and to sort entries in the audit log according to any of the elements specified in the standard at 170.210(b). Intergy has a full featured 'Clinical Audit Log' option that records all patient and clinical actions and offers a wide variety of reporting. To access the Clinical Audit Log screen, log on to **Intergy System Administration**, click **Utilities** point to **Security** and then click **Activity Audit Logs**.
Integrity	Create a message digest in accordance with the standard specified in the HIPAA security rule 170.210(c). Verify in accordance with the standard specified in 170.210(c) upon receipt of electronically exchanged health information that such information has not been altered. Intergy has a XDM (mobile data) feature that as a CCD is saved to file it creates a XDM package of files that will include the SHA1 message digest. This can be demonstrated in Intergy EHR by: • Generating an XDM package (see general encryption below) and sending to the proctor. • You can verify locally by using a 'hash calculator' to independently verify the value.
Authentication	Verify that a person or entity seeking access to electronic health information is the one claimed and authorized to access such information. All user accounts are created with encrypted passwords. The user must enter the correct password to gain access to Intergy, and there is no chance of unauthorized use of the password due to the encryption. This is demonstrated by attempting to access Intergy with a bad password.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14

Risk	Assessment
General encryption	Encrypt and decrypt electronic health information in accordance with the standard specified in the HIPAA security rule 170.210(a) (1), unless the Secretary determines that the use of such algorithm would pose a significant security risk for Certified EHR Technology. Intergy applies the AES-256 cipher to create password-protected encrypted Zip files containing the patient's clinical data. Refer to the *Intergy EHR Patient Chart Help*, *Exchange Tab* chapter for detailed information on how to use the Intergy EHR Patient Chart Exchange tab to view, generate, export, print, void, and retrieve clinical information for a selected patient.
Encryption	An encryption risk exists when exchanging electronic health information. Encrypt and decrypt electronic health information when exchanged in accordance with the standard specified in the HIPAA security rule 170.210(a) (2). This is very similar to the general encryption risk listed above. Intergy encrypts the clinical data as it is saved to file system.
Record disclosures	Record disclosures made for treatment, payment, and health care operations in accordance with the standard specified in the HIPAA security rule 170.210(e). Intergy has a Patient Privacy feature within Patient Information that contains 'Disclosures' capability. Review the assessment for this risk in Intergy; open Intergy and then navigate to Patient Information. Select a patient, click Privacy from the left pane and then click the Disclosures tab. The Patient Privacy feature in the Intergy system assists your practice in tracking information concerning patient protected health information (PHI). The Privacy option enables your practice specifically to track information concerning the use and release of PHI for reasons for and other than treatment, payment, or operations (TPO). Intergy can help your practice track information in several areas of patient privacy regulation, including consent, authorization, disclosure, confidential patient statuses, and advance directives.

© Greenway Health, LLC. All rights reserved. Confidential and proprietary.
Not for distribution except to authorized persons. Last Modified: 3/10/14