

EHR Licensing and Usage



"This Complete EHR is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments." Vendor name: Practice-Web Inc., Date Certified: 04/17/2014, Product Version 14.2, Criteria Certified: Complete EHR, EHR Module (all), Certification ID No. 04172014-1797-8. Clinical Quality Measures Certified: CMS068v3; CMS069v2; CMS074v3; CMS075v2; CMS127v2; CMS138v2; CMS147v2; CMS155v2; CMS165v2, additional software used: NewCropRx.

In order to implement the functionality and content covered by this certification, Practice-Web incurred additional one-time costs with each edition to develop interfaces for required connectivity to transmit patient data and/or for the integration to other ONC certified systems. The addition of required features necessitated a monthly support fee passed on to the customers.

http://www.ada.org/sections/professionalResources/pdfs/arra_hitech_ehr.pdf

Using a certified software will allow some providers to receive incentive payments of approximately \$63,750 total over 5 years. Most ordinary dental offices, however, will not qualify for government incentives. The incentives mostly apply to pediatrics, community health centers, federally qualified health centers, rural health clinics, etc. To qualify, the provider must see at least 30% Medicaid patients and must meet other specific qualification criteria which can be found here: <http://www.cms.gov/EHRIncentivePrograms/>

A small fee for the Practice-Web EHR is per provider per year in addition to the ordinary monthly support fees. The purpose of the fees is to help cover the significant initial and ongoing costs of certification as well as to support development of features that will allow providers to more easily meet meaningful use. As the incentive program winds down in a few years, we will phase out these extra fees.

Definition of Adopt, Implement, or Upgrade:

For Medicaid, the eligible provider must Adopt, Implement, or Upgrade (AIU) certified EHR software. As explained at https://questions.cms.hhs.gov/app/answers/detail/a_id/10100/kw/aiu, AIU is defined in 42 CFR 495.302 as any of the following:

- (a) acquiring, purchasing or securing access to certified EHR technology.
- (b) installing or commencing utilization of certified EHR technology capable of meeting meaningful use requirements.
- (c) expanding the available functionality of certified EHR technology capable of meeting meaningful use requirements at the practice site

The certification only applies to very specific versions of Practice-Web, because even if we make no changes to the EHR functionality, additional minor certification would be required for every single version. For year one, with Medicaid, you only need to purchase a certified EHR and signed contract indicating that the provider has purchased EHR software is sufficient. This is explained in paragraph 5 of this document: http://www.cms.gov/Final_Rule.pdf. Starting with 2014 the provider would have until December 2014 to gather what information they need in order to attest for a 2014 EHR incentive payment. In your AIU year (for Medicaid) you need no MU (Meaningful Use). As always check with your local state Medicaid agency. In January of 2015 they may start gathering their information for a 2015 EHR incentive payment, at which point they would need to sign another EHR contract and pay the fee for 2015 EHR reporting and functionality.

There is an exclusion for BP and vital signs if the provider believes all three vital signs of height, weight, and blood pressure have no relevance to scope of practice. So a dentist might be able to reasonably take this exclusion to reduce the work in the capture of this information.

Purchase

Get and fill out this form [EHR_PurchaseForm.pdf](#)

After submitting the form, it may take up to a full business day of back and forth communication before you will be able to proceed to full setup.

Setup

After purchase, follow these steps to get the EHR module functional. Some steps can be done ahead of time if desired.

1. Go to Setup, **Show Features**. Check the EHR box at the bottom. Click OK twice and restart the program.
2. Go to Setup, EHR, Annual Keys (previously Quarterly Keys). Enter the key that we provided.
3. Make sure that every provider (dentist) is attached to a user. This is done in the Security window. Double click on a user and then select a provider from the list to attach to that user. Providers will be logging in to use the CPOE window as well as to run EHR reports. Once every provider is attached to a user, exit the security window. You can double check your entries in the Providers window, where more people will be able to see the links between users and providers.
4. In the **Providers** window, look in the Patients count column. Make sure that all patients are assigned to a provider that will be using the EHR. If there are patients assigned to other providers, you will not be able to access the EHR module for those patients. Reassign patients to other primary providers if necessary using the tool on the right side of the Providers window.
5. In the Provider Edit window for each provider, at the middle left, enter the provider EHR Keys that we supplied to you.

CMS Certification ID

To obtain your Certification ID number when filling out your incentive form, go to the CMS website <http://onc-chpl.force.com/ehrcert>. Click the **Ambulatory Practice Type** button at the bottom. Search for "Practice-Web". Add to Cart. Click "Get CMS EHR Certification ID".

Eligibility

Existing customers may use these queries to help answer eligibility questions:

```
SET @FromDate='2013-01-01' , @ToDate='2013-03-31';
/* Percent of appointments by insurance carrier, add the medicaid percentages for a time period
to determine EHR eligibility (this query works for current Practice-Web users as well as post
conversion and trial conversions: if there was no claim for a particular procedure, assumes if
patient has insurance currently that the patient had it at time of appointment): Count and % of
appointments (or dates where procedures were completed) by carrier over given period, adds
up to more or less than 100% because there can be more than one carrier per patient and
because non insurance patients are not on the list (although their appointments are part of the
denominator for the % appointments) */
/*Adjust above Dates AS needed*/
SELECT A.CarrierName,COUNT(DISTINCT A.PatNum) AS 'Patients',
COUNT(DISTINCT A.ProcDate,A.PatNum) AS 'Appointments',
FORMAT((COUNT(DISTINCT A.ProcDate,A.PatNum)/(SELECT
COUNT(DISTINCT pl2.ProcDate,pl2.PatNum) FROM procedurelog pl2
WHERE (pl2.ProcDate BETWEEN @FromDate AND @ToDate) AND
pl2.ProcStatus=2))*100,1) AS '% of visits'
FROM
/*where claims may or may not exist but insurance currently does*/
(SELECT ca.CarrierName, pl.PatNum, pl.ProcDate
FROM carrier ca
INNER JOIN insplan ip ON ca.CarrierNum=ip.CarrierNum
INNER JOIN inssub isu ON isu.PlanNum=ip.PlanNum
INNER JOIN patplan pp ON pp.InsSubNum=isu.InsSubNum
INNER JOIN procedurelog pl ON pp.PatNum=pl.PatNum
AND (pl.ProcDate BETWEEN @FromDate AND @ToDate)
AND pl.ProcStatus=2
UNION/*where claims exist but insurance plan may no longer be
attached to patient, UNION discards duplicates*/
SELECT
ca.CarrierName, pl.PatNum, pl.ProcDate
FROM carrier ca
INNER JOIN insplan ip ON ca.CarrierNum=ip.CarrierNum
INNER JOIN claim cl ON ip.PlanNum=cl.PlanNum
INNER JOIN claimproc cp ON cl.ClaimNum=cp.ClaimNum
INNER JOIN procedurelog pl ON cp.ProcNum=pl.ProcNum
AND (pl.ProcDate BETWEEN @FromDate AND @ToDate)
AND pl.ProcStatus=2)
A
GROUP BY A.CarrierName
ORDER BY A.CarrierName;
```

EHR Usage

From the Chart module toolbar, click the EHR button.

EHR

Provider for this patient: **DOC - Albert, Brian**
 Provider logged on: **DOC - Albert, Brian**

While this grid can be a useful tool for meeting meaningful use, it is not 100% accurate due to a number of complex factors. For example, some measures are not per-patient. Use the "Measure Calc" button at the right if you need to see the more stringent criteria for each type.

Stage 1 Meaningful Use for this patient				
MeasureType	Met	Details	click to take action	related actions
ProblemList		No problems entered.	Enter problems	
MedicationList		No medications entered.	Enter medications	
AllergyList		No allergies entered.	Enter allergies	
Demographics		Missing: birthdate, language, gender, race, ethnicity	Enter demographics	
Education		No education resources provided.	Provide education resources	
TimelyAccess		No online access provided.	Provide online Access	
ProvOrderEntry	N/A	No meds.	CPOE - Provider Order Entry	
Rx	N/A	No Rxs entered.	(edit Rxs from Chart)	
VitalSigns		No vital signs entered.	Enter vital signs	
Smoking		Smoking status not entered	Edit smoking status	
Lab	N/A	No lab orders	Edit lab panels	Import lab results
ElectronicCopy	N/A	No requests within the last year.	Provide elect copy to Pt	
ClinicalSummaries	N/A	No visits within the last year.	Send clinical summary to Pt	
Reminders	N/A	Age not entered.	Send reminders	
MedReconcile	N/A	Referral 'from' not entered.	Reconcile medications	Enter Referrals
SummaryOfCare	N/A	No outgoing transitions of care within the last year.	Send/Receive summary of care	Enter Referrals

For All Patients
 Measure Calc
 Quality Meas

Tools
 Hash
 Encryption
 Vaccines
 Patient List

Close

The goal for staff is to try to turn as many rows green as possible at each appointment. If this is done consistently, then meaningful use should be easily met. There is a button at the upper right called Measure Calc that calculates the measurement percentages for all patients.

At the top of this window, it shows the provider for this patient as well as the provider currently logged on. For most actions, this won't matter. But Computerized Provider Order Entry (CPOE) requires that a provider be logged in rather than any other staff person. Also, the Measure Calc button at the right might not be available if the provider currently signed in does not have an EHR key set up in Practice-Web. For reporting purposes, the provider for the patient should be an EHR provider. If all the patients in the office are assigned to one provider, the other providers can still probably meet MU. .

- Problem List
- Medication List
- Allergy List
- Demographics
- Education
- Timely Access

CPOE - Provider Order Entry

Rx

Vital Signs

Smoking

Lab

Electronic Copy

Clinical Summaries

Reminders

Medication Reconcile

Summary of Care

Buttons at the right:

Measure Calc

Quality Measures

Hash

Encryption

Vaccines

Patient List

For the **second year of EHR incentives**, Meaningful Use (MU) must be demonstrated.

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Meaningful_Use.html

Electronic Rx: In progress..

To satisfy the electronic Rx objective, you may need to use a third party software until we build it into ours.

Additional Objectives:

In addition to the MU Measure Calculations, there are some additional objectives that can be met through Practice-Web:

Clinical Decision Support

Clinical Decisions Support is one of the EHR objectives for Meaningful Use, but it does not show in the Measure Calculations. To satisfy this objective, you may use our Automation feature. Create an automation with a trigger of Open Patient, and with one of the following conditions:

Problem (for example, diabetes)

Medication (for example, coumadin)

Allergy

Age (for example, over 80)

Gender

The action for the automation will be PopUp, and the pop up message will say something useful. For example, "This patient is taking Coumadin. Verify that INR test is scheduled before appt." Or "This patient is elderly (>80) and may need a medical review."

EHR measures (measure calculations - second year)

In the Chart module, click on EHR button then click the Measure Calc button on right.

Measures

Reporting Period 01/01/2011 to 12/31/2011 Provider DOC - Albert, Brian Refresh

MeasureType	Objective	Measure	Num	Den	Percent
ProblemList	Maintain an up-to-date problem list of current and active diagnoses.	More than 80% of all unique patients seen by the Provider have at least one entry or an indication that no problems are known for the patient recorded as structured data.	5	6	83%
MedicationList	Maintain active medication list.	More than 80% of all unique patients seen by the Provider have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.	5	6	83%
AllergyList	Maintain active medication allergy list	More than 80% of all unique patients seen by the Provider have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.	5	6	83%
Demographics	Record demographics: Preferred language, Gender, Race, Ethnicity, Date of Birth	More than 50% of all unique patients seen by the Provider have demographics recorded as structured data.	3	6	50%
Education	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate.	More than 10% of all unique patients seen by the Provider during the EHR reporting period are provided patient-specific education resources.	2	6	33%
TimelyAccess	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	More than 10% of all unique patients seen by the Provider are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the Provider's discretion to withhold certain information.	1	6	17%
ProvOrderEntry	Use 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.	More than 30% of unique patients with at least one medication in their medication list seen by the Provider have at least one medication order entered using CPOE.	2	5	40%
Rx	Generate and transmit permissible prescriptions electronically (eRx).	More than 40% of all permissible prescriptions written by the Provider are transmitted electronically using certified EHR technology.	2	3	67%
VitalSigns	Record and chart changes in vital signs: Height, Weight, Blood pressure, Calculate and display BMI. Plot and display growth charts for children 2-20 years, including BMI	More than 50% of all unique patients age 2 and over seen by the Provider, height, weight and blood pressure are recorded as structured data.	2	6	33%
Smoking	Record smoking status for patients 13 years old or older.	More than 50% of all unique patients 13 years old or older seen by the Provider have smoking status recorded as structured data.	2	6	33%
Lab	Incorporate clinical lab-test results into certified EHR technology as structured data.	More than 40% of all clinical lab tests results ordered by the Provider during the EHR	0	0	0%

Print Close

The data will be for a specific dated period and for one provider. Change dates and provider as necessary, then click Refresh. Rows will turn green if stage 1 MU is met.

Double click on a row to drill down to the raw data.

EHR Measure Edit

Objective: Maintain active medication allergy list

Measure: More than 80% of all unique patients seen by the Provider have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Audit			
PatNum	Patient Name	Explanation	Met
86	Measure, John	Allergies entered: 1	X
87	Martin, A	Allergies indicated 'None'	X
88	Martin, B	Allergies indicated 'None'	X
89	Martin, C	Allergies entered: 1	X
90	Martin, D	Allergies entered: 1	X
91	Martin, E	No Allergies entered	

Numerator. Number of rows in report above with X in the Met column: 5

Denominator. Total number of rows in report above: 6

Percent: 83%

Explanations: Patients with at least one allergy list entry or an indication of 'None' on allergy list.

All unique patients with at least one completed procedure by the Provider during the reporting period.

Close

This measurement calculation will be used extensively in proving Meaningful Use (MU) for incentive payments.