INTERGY
MEANINGFUL USE 2014
STAGE 2
USER GUIDE

Spring 2014

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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

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.

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.

- 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.

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 "**Error! Reference source not found.**" 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.

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 2 Measures

Core 1 Computer Physician Order Entry

Overview
Core 1 Computer Physician Order Entry (CPOE) measure reports the percentage of unique patients who had a prescription, laboratory order, or radiology order entered through Intergy EHR.

Eligible Provider Attestation Exclusion
EXCLUSION: Any eligible provider (EP) who writes fewer than 100 medication, radiology, or laboratory orders during the EHR reporting period.

Denominator Criteria
This measure has three objectives:

- Prescription –For this objective, the denominator counts prescriptions. The compliance goal for prescriptions is 60%. Note that reported prescriptions are not counted. Prescriptions are counted in the denominator if they meet at least one of the following:
  - The prescription was entered into Intergy EHR by the Ordering Provider.
  - The prescription was entered into Intergy EHR by an RN or a PA if they working under the guidance of a Supervising Provider. The Supervising Provider will be considered to be the Measure Provider.
  - They were entered into Intergy EHR by a user assigned the CPOE security role in the Intergy system.
  - Note that the iDASH_MU1_CPOEUserRole data list houses the names of Intergy security roles that can qualify users for the numerator under this criterion. If your practice wishes to call the security role that allows users to be counted in the numerator using this criterion something other than CPOE, you will need to update the iDASH_MU1_CPOEUserRole data list to include the security role name that your practice prefers.
- Radiology - For this objective, the denominator counts radiology orders. The compliance goal for radiology orders is 30%. Non-voided radiology orders are counted in the denominator if they have an order type of OMOrder and a Group Type or Group Subtype that matches a value on the iDASH_MU1s2_RadiologyORDERTYPE data list.
- Lab - For this objective, the denominator counts lab orders. The compliance goal for lab orders is 30%. Non-voided Orders are counted in the denominator if they have a type of Lab.

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, radiology, or laboratory order entered during the reporting period by the Ordering Provider, a user assigned the CPOE security role in Intergy, or an RN or a PA if they are working under the guidance of a Supervising Provider (the Supervising Provider will be considered to be the Measure Provider).	This measure can be satisfied by an Ordering Provider, a user assigned the CPOE security role in Intergy, or an RN/PA if they are working under the guidance of a Supervising Provider. To verify a patient's prescription details, 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. To verify a patient's radiology or laboratory order details, access Intergy EHR, select the patient, click the **Orders** button on the Chart Nav bar, and then select the appropriate **View** drop-down option to view the open order details.

Using CPOE Security Roles
If you need to assign the CPOE role to a non-provider, refer to the table below. Keep in mind, that role should only be assigned to users who meet state, local and professional guidelines.

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**.

Once a user qualifies for the CPOE order entry, you can submit prescription, radiology, or laboratory orders from the Orders/Charges tab in Intergy EHR.

Core 2 Prescriptions Sent Electronically

Overview

Core 2 Prescriptions Sent Electronically reports the percentage of prescriptions in the Intergy EHR that were sent electronically to pharmacies that accepts EDI transactions.

This is a prescription-centric measure that 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 or do not have a pharmacy within their organization and there are 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 requirement.

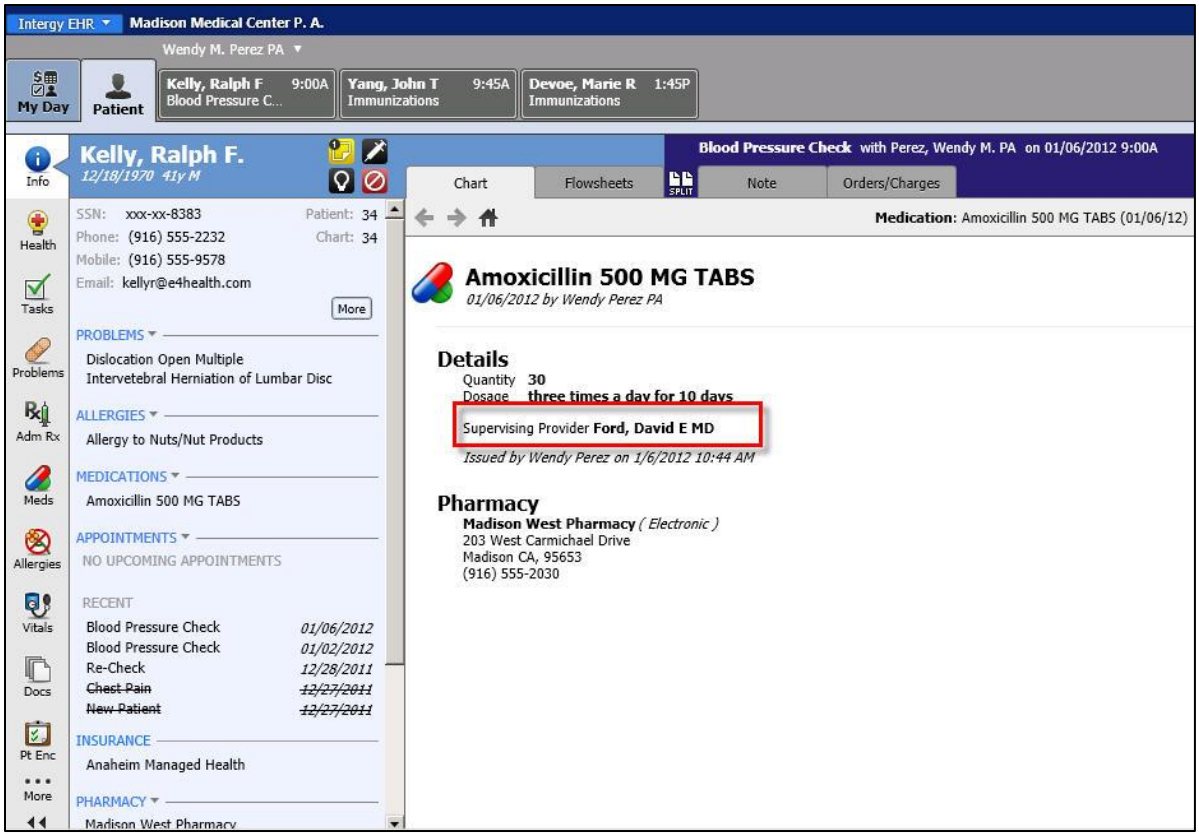
Denominator Criteria

The following table identifies the details of the denominator criteria.

Criteria details	Implementation guidelines
Electronic prescriptions 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 • Ready • Queued • Discontinued • Transmitted	• 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.



Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria details	Implementation guidelines
This measure reports the percentage of all permissible (non-controlled substance) prescriptions in Intergy EHR that were sent electronically to a pharmacy. These prescriptions must have gone through a formulary check.	Review the following: • Pharmacy setup for an EDI set up. • Formulary Setup in Practice Administration. To learn how to setup RxHub, see "Communication Setup for RxHub" in Intergy EHR Help. • Verify you are using Formulary for the patient – If using RxHub formulary, all Rx's written will be considered as having formulary performed, whether or not an actual formulary is presented to the provider. This is because the formulary is requested for all Rx's even if no data is available

Criteria details	Implementation guidelines
	– If using Infoscan formulary, verify you have entered the patient's formulary id in Intergy Patient Information. • Patient's Current Medications listin Intergy EHR Patient chart and verify that the active (current) prescription has a method field identified as Electronic and that it has been through a formulary check, as shown in **Error! Reference source not found.**.

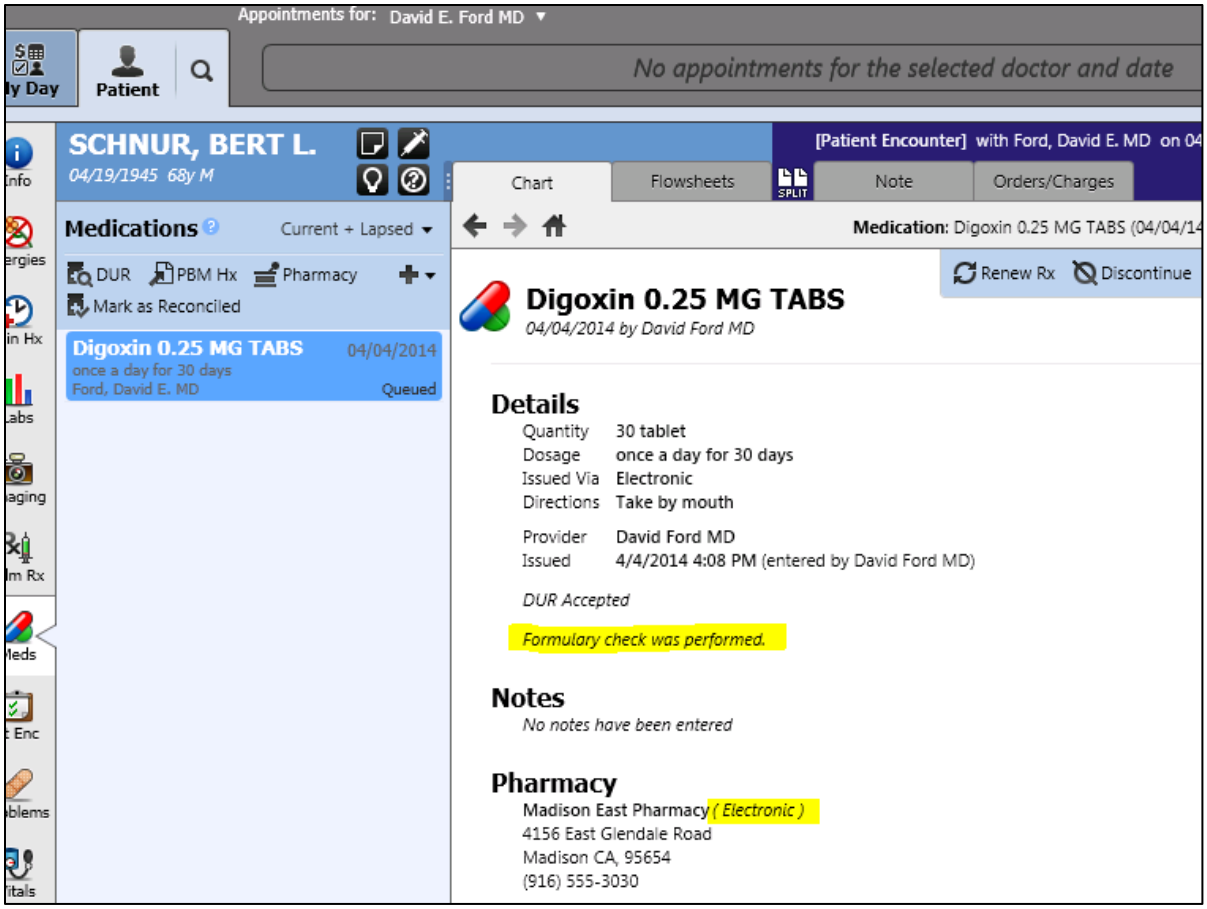


Figure 1 Verify the prescription send method

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
Exclusions for the denominator include: • Drugs flagged as non-EDI. • Drugs that have a Controlled Substance Indicator field of two through five. • Reported medications. • Medications that are **Dispensed as Sample**.	To verify: • 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** and Issued method of **Dispensed as Sample**- access Intergy EHR, select the patient, click the **Meds** tab and select the Medication. The information will be available on the Medications Detail screen.

Core 3 Demographics Recorded

Overview

Core 3 Demographics Recorded reports the percentage of unique patients in Intergy EHR that have recorded demographics. At a minimum, the following required values must be entered: Date of Birth, Gender, Language, Race, and Ethnicity.

Denominator Criteria

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. • The 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 Demographics Recorded measure numerator. The Intergy Patient Information window relates to the fields used to qualify a patient.
If any one of the Intergy fields does not contain a value, the patient will fail to qualify.

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)	Language
Race (R)	Race/Ethnicity
Ethnicity (E)	Race/Ethnicity

Core 4 Vitals Recorded

Overview

Core 4 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:

- *An eligible provider who does not see patients three years old or older is excluded from recording blood pressure.*
- *Additionally, an eligible provider who believes that all three vital signs of height, weight, and blood pressure have no relevance to their scope of practice is excluded from this requirement.*
- *Any eligible provider who b*elieves that height/length and weight are relevant to their scope of practice, but blood pressure is not relevant, is excluded from recording blood pressure.
- Lastly, any eligible provider who believes that blood pressure is relevant to their scope of practice, but height/length and weight are not relevant, is excluded from recording height/length and weight.

Denominator Criteria

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Using the Vitals Dimension

This measure includes a dimension called Vitals. The Vitals selection allows you to filter the numerator's results according to which vitals have been recorded for patients during the reporting period.

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.

Criteria details	Implementation guidelines
Vitals dimension – Height/Weight/BP option	
The Vitals dimension has three values: • Height/Weight/BP – Selecting this value will cause the measure to display patients who had each of the following vitals recorded: height, weight, and blood pressure. Note that the height and weight measurements must have been recorded on the same day in order to qualify, but 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 order to qualify for this numerator. If a patient was under three years old on the date that vitals were recorded and did not have a blood pressure reading, they will be counted in the numerator even when Height/Weight/BP is selected. • Height/Weight Only – Selecting this value will cause the measure to display patients who had height and weight measurements recorded on the same encounter during the reporting period. • BP Only - Selecting this value will cause the measure to display patients aged three years or older who had blood pressure recorded during the reporting period.	Use the Intergy EHR Patient chart Vitals button to record a patients height, weight and BP based on the patients age requirements.

Core 5 Smoking Status Recorded

Overview

Core 5 Smoking Status Recorded measure 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

The following table identifies the details of the denominator criteria.

Criteria details	Implementation guidelines
All patients age 13 years old or older at the beginning of the reporting period qualify for the denominator.	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. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

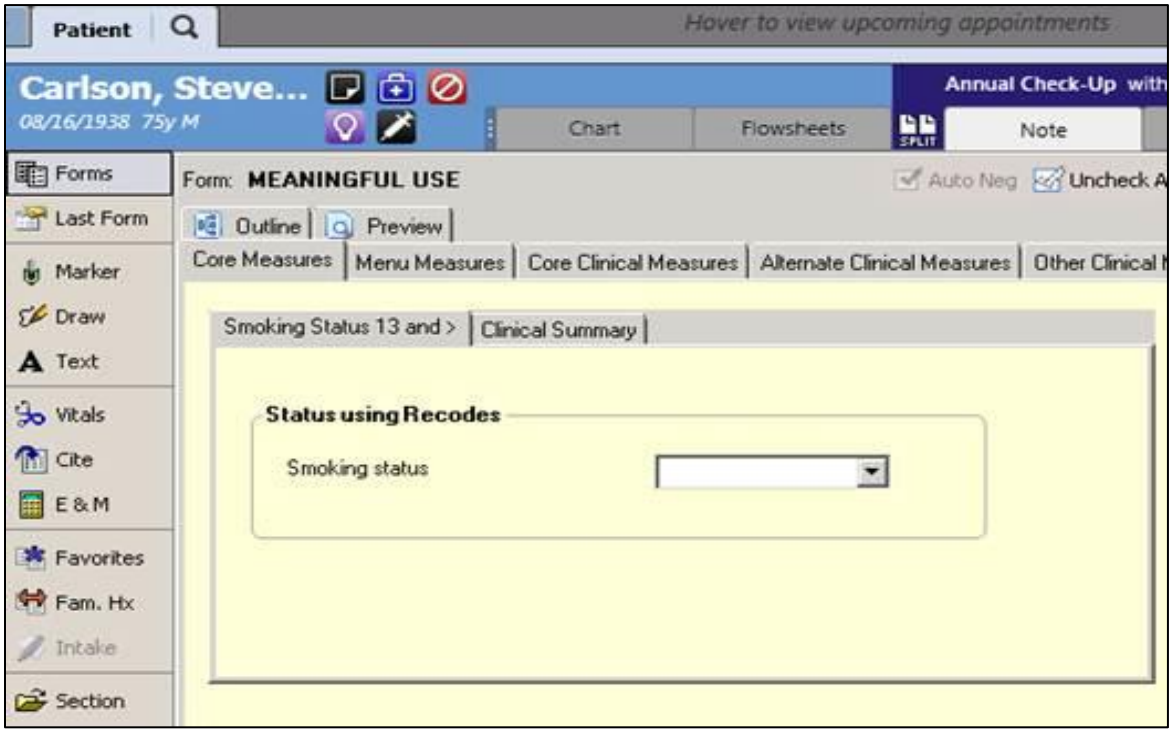
The following table identifies patients who qualify for the numerator when they meet *any* of the listed numerator criteria documented during the reporting period.

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 the recorded problem has: • An onset date before the end of the reporting period. • A Medcin ID matched to a value on the iDASH_MU9_SmokerStatusMedcinID.NC data list.
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 Outline** tab to verify that a patient's recorded smoking status Medcin finding record matches a value on the iDASH_MU9_SmokerStatusMedcinID data list.

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 Medcin finding record matches a value on the iDASH_MU9_SmokerResponseMedcinID.NC data list.

Intergy Workflow

Intergy has been enhanced to include the additional smoking statuses. The additional smoking status options will be automatically available on forms that currently use the smoking status drop-down list. The Intergy EHR Meaningful Use Encounter Note Form and Visit Note Template helps your practice document and report the Quality Measures Operational dashboards. For additional information about these and which Medcin findings are related to the MU-9 Smoking Status Recorded measure, refer to the "Encounter Note Form" section of this document.



Core 7 View, Download, Transmit Health Information

Overview

Core 7 View, Download, Transmit Health Information is a two-part measure that reports:

- The percentage of patients who have been granted online access to their personal health information.
- The percentage of patients who use their online access to view, download, or transmit personal health information. Patients of any age may be counted in this measure.

Eligible Provider Attestation Exclusion

EXCLUSION

Any EP who:

- *Neither orders nor creates any of the information listed for inclusion as part of both measures, except for Patient name and Provider's name and office contact information, may exclude both measures.*
- *Conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude only the second Measure www.broadbandmap.gov.*

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

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

This measure has two numerators. The criteria for both numerator #1 and numerator #2 must be met in order for this measure to qualify you for the Meaningful Use program.

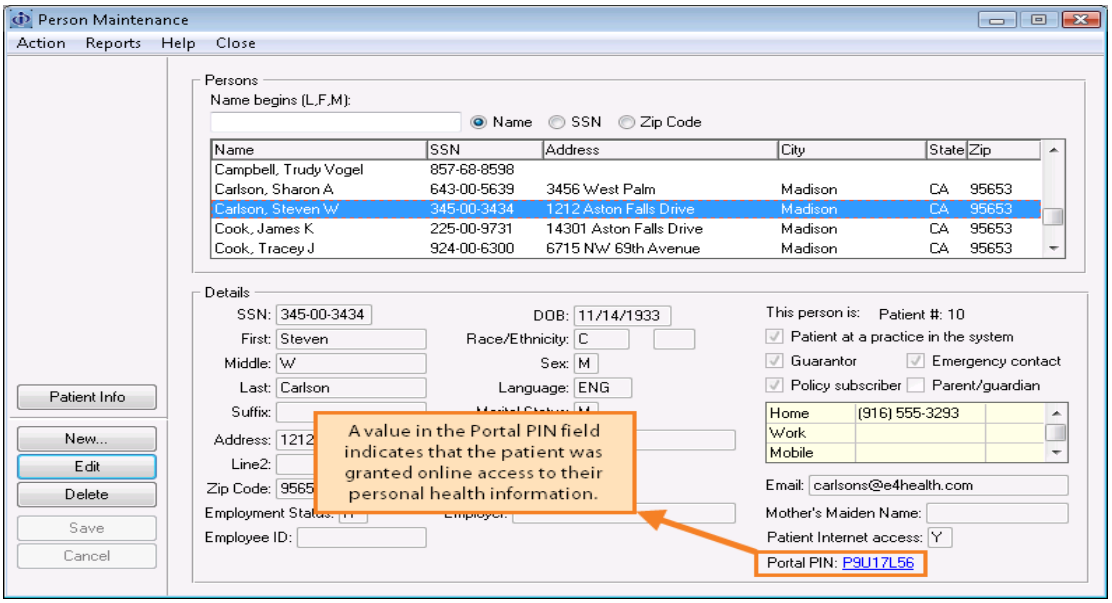
Numerator #1 reports the percentage of unique patients in Intergy EHR with online access to personal health information via the Intergy Practice Portal. The reported percentage is intended to report the percentage of unique patients in Intergy EHR who request personal health information and receive it 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 Patients are counted in numerator #1 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 PIN in Intergy, view the patient in the Person Maintenance window. The Portal PIN displays in the bottom right corner of the window if a PIN has ever been assigned to the patient

Intergy Workflow

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.

Note: 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 this measure



Numerator #2 reports the percentage of unique patients in Intergy EHR who view, download, or transmit personal health information using the Intergy Practice Portal.

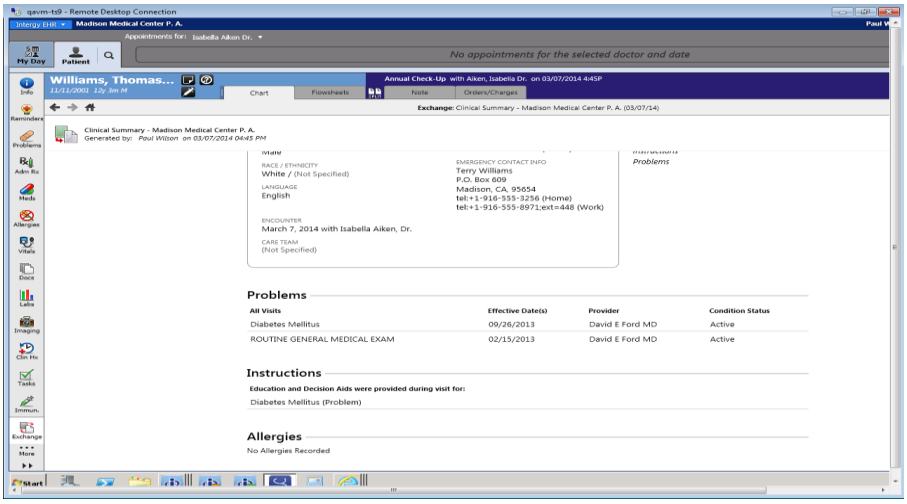
Criteria details	Implementation guidelines
Patients are counted in numerator #2 if they used their online access to the Intergy Practice Portal to view, download, or transmit personal health information. **Note:** See above for Portal setup information to insure the correct required sections are included for display.	When patients use the Intergy Practice Portal to view, download, or transmit their personal health information, either an Ambulatory Summary or a Continuity of Care document is generated by the Practice Portal and stored as an Exchange document copied to the patient's chart.

Intergy Workflow

Using Intergy EHR, you can verify that patients have used the Intergy Practice Portal to view their personal health information. When you point the mouse cursor at items on an Exchange Documents list, a box will display information about the document. If the document was generated because the user viewed their personal health information on Intergy Practice Portal, the information displayed will include "Generated by Practice Portal," as seen in the screen capture below.

This information is also available when viewing the generated Exchange document, as seen in the screen capture below.

Note: To be counted in the numerator, the document must contain all required sections.



Practice portal has been enhanced to support Download and Transmit options. These options are available to the patient when viewing their clinical summary. When downloaded or sent, the CCD will be delivered in both XML and a Viewable format.

Core 8 Clinical Summaries Provided

Overview

Core 8 Clinical Summaries Provided reports the percentage of encounters for which clinical summaries were provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.

Eligible Provider Attestation Exclusion

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

Denominator Criteria

The following table identifies the details of the denominator criteria:

Criteria detail	Implementation guidelines
Encounters must have at least one pending or billable visit encounter record matched to the iDASH_MU19_EncounterCPT data list during the reporting period. These procedure codes must have been marked as Qualifying Visits on the Procedure Code Maintenance window in the Intergy Desktop.	Review: • The Intergy or Intergy EHR for pending or billable encounter 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.

The following sections are required by ONC to meet the minimum CCD criteria:

- Patient name
- Sex
- Date of birth
- Race
- Ethnicity
- Preferred language
- Smoking status
- Problems
- Medications
- Medication Allergies
- Laboratory test(s)
- Laboratory value(s)/result(s)
- Vital signs – height, weight, blood pressure, BMI
- Care plan field(s), including goals and instructions
- Procedures
- Care team member(s)

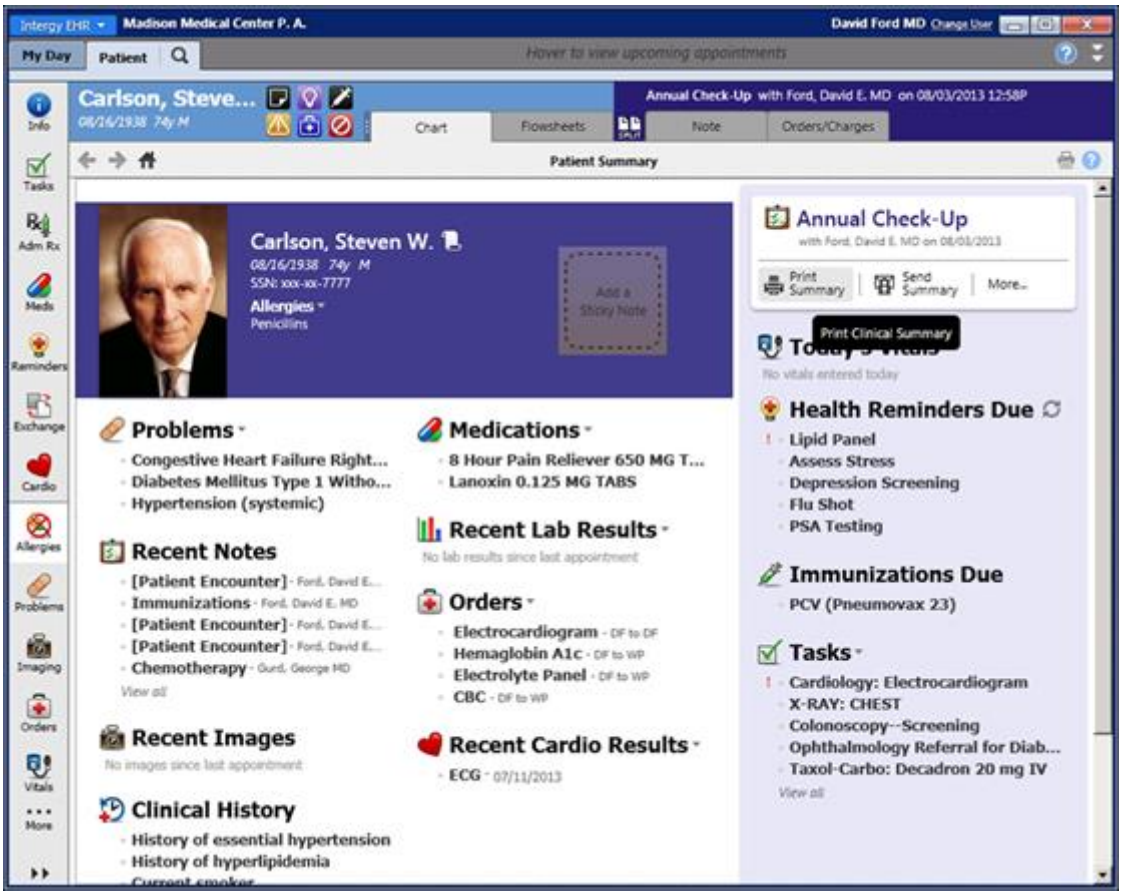
Numerator Criteria

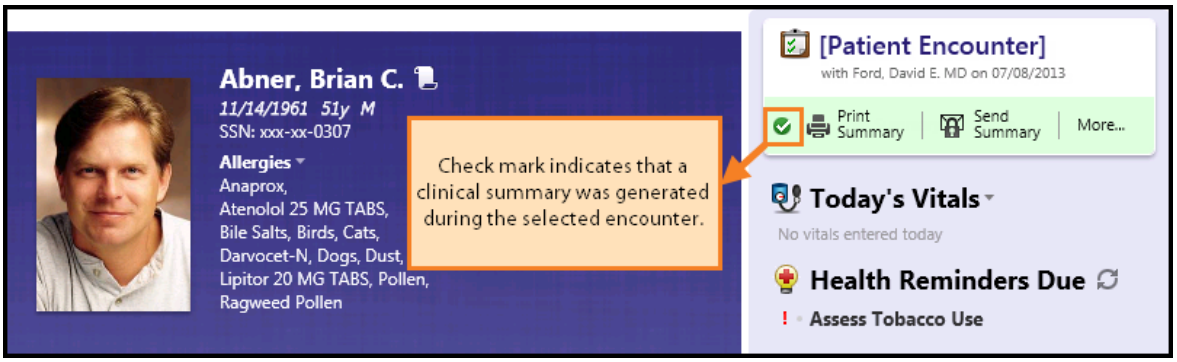
The following table identifies the details of the numerator criteria.

Criteria detail	Implementation guidelines
Encounters are counted in the numerator if a clinical summary is generated in Intergy EHR within 1 day of the encounter. This can be indicated by either of the following: • A clinical summary CCDA exists for the patient encounter check mark appears on the left side of the Encounter Information section of the Today panel on the Patient Summary page in Intergy EHR, • The encounter includes a positive encounter finding based on a Medcin ID that matches a value on either of the iDASH_MU19_ClinicalSummaryMedcinID data list. (Note that this data list includes both parent and child values.)	Generate a CCDA document for the patient from the "Clinical Summary" option at the top of the Patient Summary page. • To verify the date that the clinical summary document was generated and its intended recipient, view the generated clinical summary document. – The date the clinical summary was generated and its intended recipient is listed in the upper-left corner of the document. The encounter date is listed in the top section of the document, with the patient's demographic information and other details about the encounter. Use the Intergy EHR Meaningful Use Encounter Note Form to document that a clinical summary was provided. • Intergy EHR Patient chart Docs tab on the Chart Nav bar to verify a patient's recorded Medcin ID value. – iDASH_MU19_ClinicalSummaryMedcinID data list for matching values. – Review the iDASH_MU19_PfxO-ClinicalSummaryMedcinID data list for matching values.

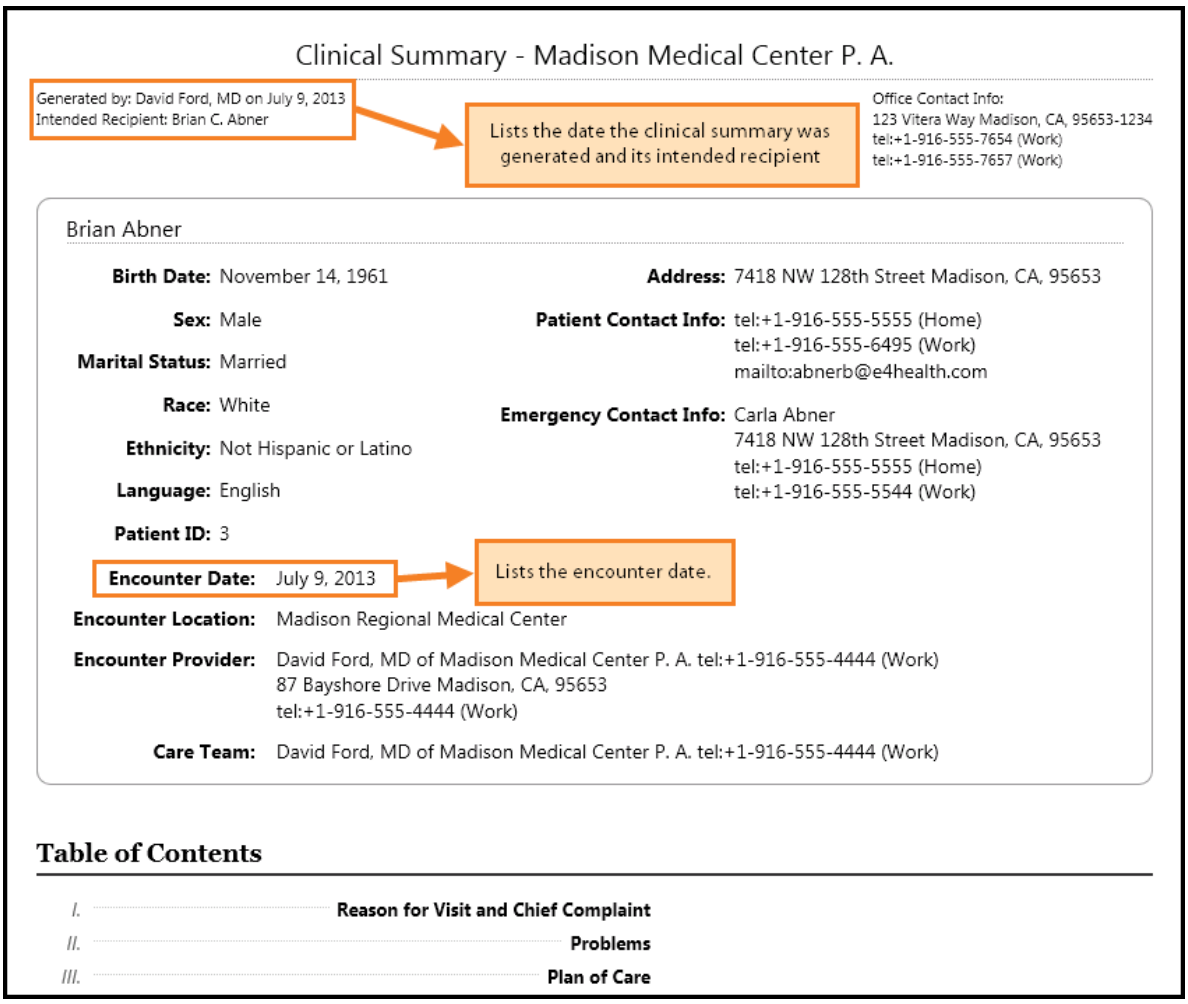
Intergy Workflow

Intergy has been enhanced to provide a one-click workflow for meeting this measure. There is a new option on the **Patient Summary** page to print the Clinical Summary. This option will generate a CCD with all required sections. If the patient is registered for secure messaging, then a Send option also displays. Once the summary has been generated, the area will turn green to indicate it has been done.





To verify the date that the clinical summary document was generated and its intended recipient, view the generated clinical summary document.



The date the clinical summary was generated and its intended recipient is listed in the upper-left corner of the document. The encounter date is listed in the top section of the document, with the patient's demographic information and other details about the encounter.

Core 10 Electronic Lab Results

Overview

Core 10 Electronic Lab Results measure reports the percentage of lab results in 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 **Core 10 Stage 2 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

Core 10 Stage 2 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. Only Medcin IDs stored on the iDASH_MU10_LabResultsMedcinID.NC data list will be used to qualify lab orders represented as encounter findings.

These encounter findings must have a valid value (either text or numeric) in the Value field.

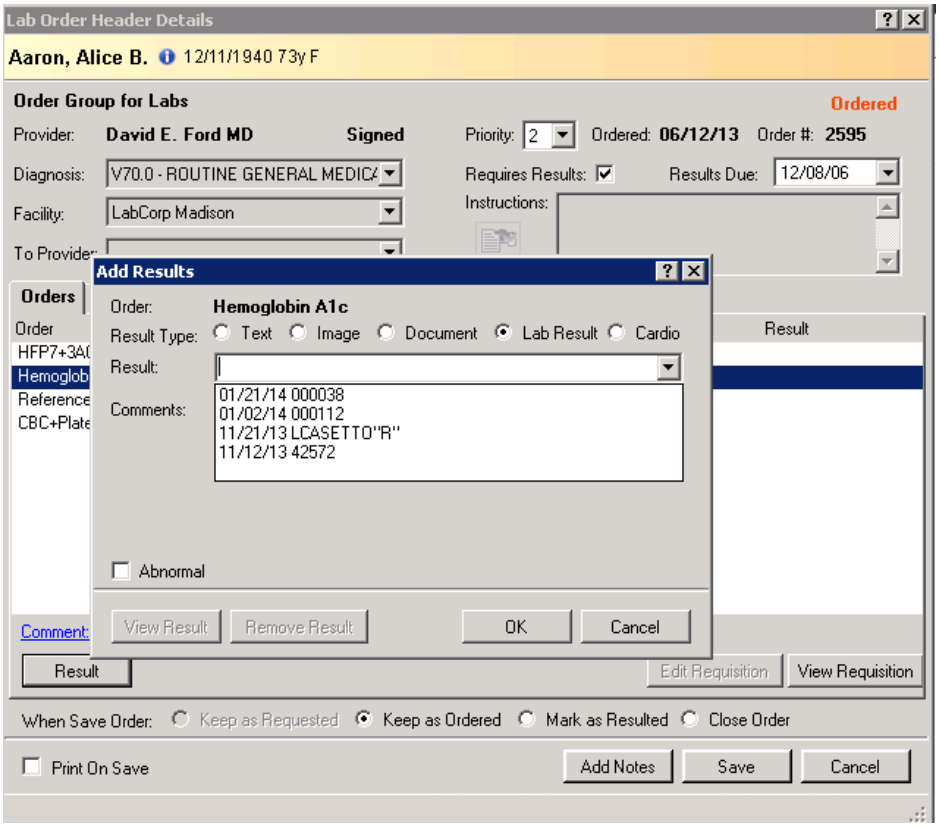
Numerator Criteria

The following table identifies the details of the numerator criteria.

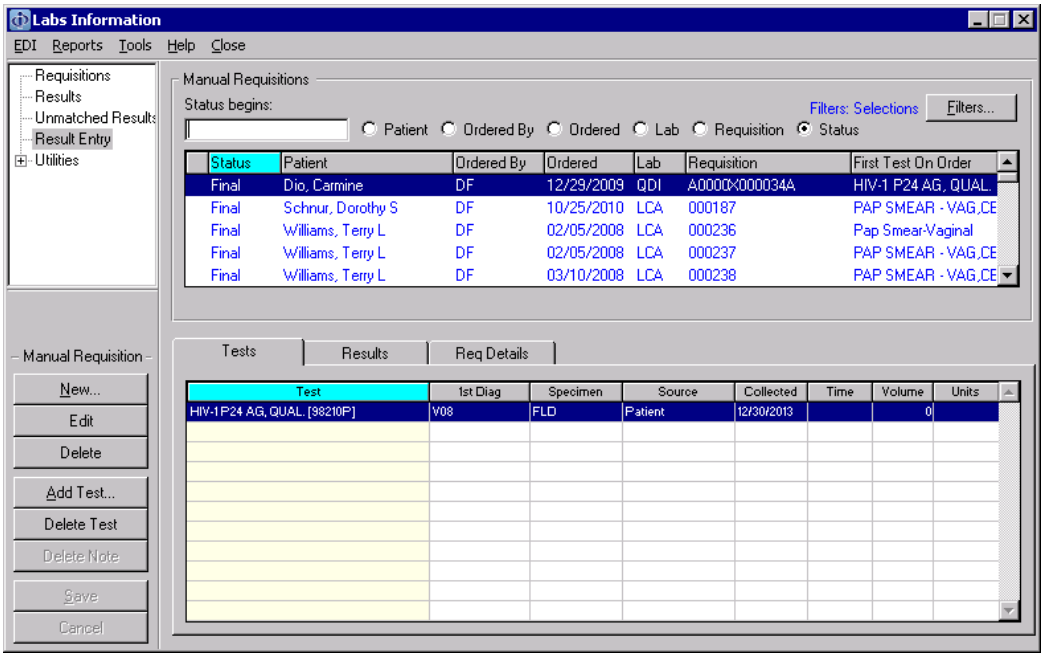
Criteria details	Implementation guidelines
Criteria Set #1 Patient Lab orders will be counted in the numerator using Criteria Set #1 if they meet **both** of the following: • They were ordered by an eligible provider during the reporting period. • They are linked to a lab result which has a valid value (either text or numeric) in the lab results record.	• Electronic lab results are automatically 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.

Intergy Workflow

Lab Orders Groups are counted as a single entry for the denominator for this measure. If the Lab Order has at least one Lab Result linked to a Test or Favorite, the Lab Order will be counted in the Numerator.



Tip: Manually entered results will be counted as structured data when linked to a Lab Order:



Core 12 Patient Reminders

Overview

Core 12 Patient Reminders measure reports the percentage of unique patients provided with reminders.

Denominator Criteria

The following table identifies the details of the denominator criteria.

Criteria details	Implementation guidelines
Patients who have had at least two non-voided encounters within 24 months prior to the reporting period. See note.	• Review Intergy or Intergy EHR for pending or billable charge history to verify that a patient has a visit encounter during the reporting period. • These encounters must include charges or pending charges which are associated with procedure codes. These procedure codes must have been marked as Qualifying Visits on the Procedure Code Maintenance window in the Intergy Desktop

Note: If you change the default value of the Reporting Period dimension's Duration field from N/A, patients will be required to have had the two visits within the 24 months prior to the start of the reporting period AND at least one non-voided, face-to-face visit that occurred during the reporting period that you specify.

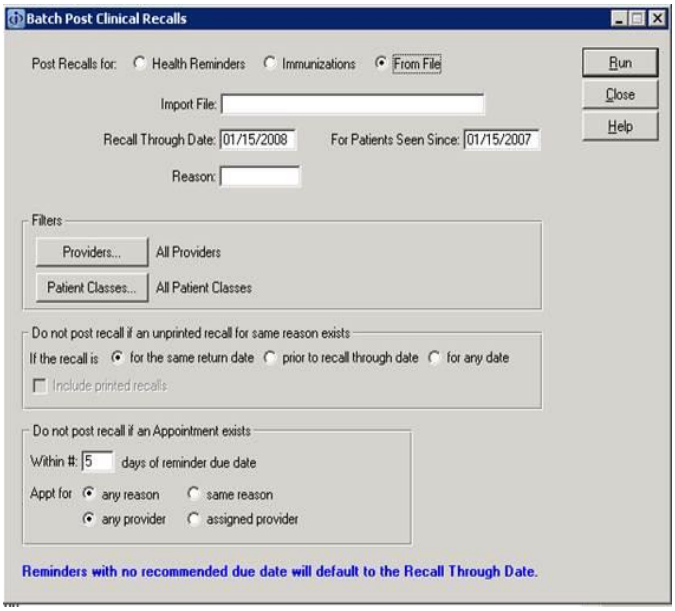
For instance, if you change the Duration value to 90 Days, then patients must have had at least two non-voided, face-to-face office visits during the 24 months prior to the start of the reporting period AND another visit during the 90 days prior to the reporting period end date.

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 a **verified** 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 confirm a batch's verified date using the **Details** tab of the **History/Recall** page of the **Letters/Labels Processing** window in Intergy. You can confirm which patients were included in the batch using the Notices tab of the **History/Recall** page of the **Letters/Labels Processing** window in Intergy
Recall notices must have a status of **First** or **Second** (notice).	Verify the first or second notice by generating a *Recall Report*.

A recall that does not contain a provider will not be included in the Patient Reminders measure.

Intergy Workflow
You can manually post recalls for a single patient from Intergy Patient Information, Scheduling page.



You can also batch post recalls by selecting Scheduling -> Recalls -> Batch Post Clinical Recalls

- From this screen, you can options for how to post recalls. Including Reminders, Immunizations or a File that has been exported from the Meaningful Use Patient Care Condition Dashboard.

Once the recalls are posted into the system, you can generate the Recall Letters from the Communications Menu -> Letters and Labels Menu Option

Core 13 Access to Patient Education Resources

Overview

Core 13 Access to Patient Education Resources measure reports the percentage of encounters provided for patient education resources.

Denominator Criteria

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

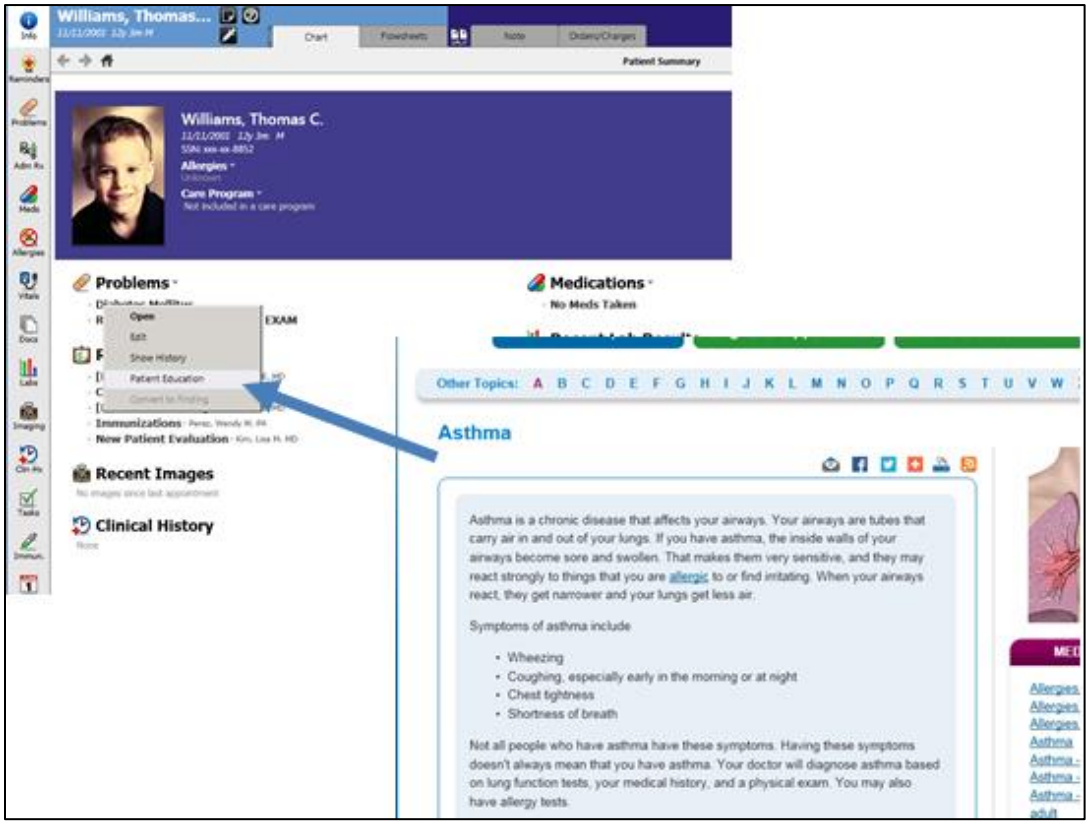
The following table identifies patients who qualify for the numerator when they meet ***any*** of the listed numerator criteria documented during the reporting period.

Criteria details	Implementation guidelines
An encounter finding showing that education resources were provided to the patient within the reporting period qualify for the numerator. The Intergy EHR Meaningful Use Encounter Note Form includes Medcin findings used to report that patient education resources were provided to the patient. 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.

Criteria details	Implementation guidelines
Online patient education has been accessed from a patient problem, medication, or lab result.	• Right click a patient problem, medication or lab result to access online Patient Education. • To verify the online patient education, review the patient clinical summary document from the Exchange documents tab in EHR Patient Chart. • A generated clinical summary document for the encounter shows the Education and Decision Aids which were provided during visit for a problem, medication, or lab component. They will be listed in the Instructions section of the clinical summary document.

Intergy Workflow

Intergy EHR has been enhanced to include right click access to patient education from problems, meds and labs. Selecting that option (show in the screen capture below) automatically counts towards the Meaningful Use numerator for this measure. NIH's Medline Plus is used as the default website. This is controlled by a parameter in System and Practice Administration (Patient Education and Reference Information Website Address), so you can change that if you subscribe to a service that you would like to use instead.



Core 14 Medication Reconciliation Performed

Overview

Core 14 Medication Reconciliation Performed reports the percentage of encounters where patient care was transferred into the practice and where a 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.

Denominator Criteria

Encounters will qualify for the denominator if they included a transfer of patient care into the practice during the reporting period. The following table shows how the transfer of patient care is noted.

Criteria detail	Implementation guidelines
An encounter finding which occurred during the reporting period will qualify for the denominator if it shows a transfer of patient care into the practice The Intergy EHR Meaningful Use Encounter Note Form includes Medcin IDs used to document a transfer of patient care into the practice.	• Use the Intergy EHR Meaningful Use Encounter Note Form or Visit Note Template to document a transfer of patient care from an outside source. • Review Intergy EHR Patient chart Documents Outline tab to verify a patient's recorded Medcin ID code is matchd to iDASH_MU21_TransferredMedcinID data list for a qualifying Medcin ID code.

Numerator Criteria

The following table identifies patients who qualify for the numerator.

Criteria details	Implementation guidelines
The encounter is included in the numerator if a medication reconciliation is performed.	• Indicate that the Patient's medications have been reconciled from a right click option from the Patient Summary Medications title, or from a button In the Meds tab. – To verify that Meds were reconciled for an encounter, review the Patient Chart Encounter tab for the Selected Encounter; an indication will display if the meds have been reconciled. • Use the Intergy EHR Meaningful Use Encounter Note Form or Visit Note Template to document medication reconciliation. – Review Intergy EHR Patient chart Document Outline tab to verify a patient's recorded Medcin ID code is matched to the iDASH_MU21_MedReconcileMedcinID data list for a qualifying Medcin ID code.

Intergy Workflow

Intergy has been enhanced with a new option on the Meds List for 'Mark as Reconciled'. Selecting this option will count towards the numerator for the measure.

Note: Adding a reported medication while on an encounter will auto-set the reconciled flag for that encounter. Users must still indicate that the patient has been transitioned into EP's care for counting in the denominator

Core 15 Summary of Care Record Provided

Overview

Core 15 Summary Care Record Provided has two numerators. Numerator #1 reports the percentage of encounters involving a transition in care in which a summary of care record was provided to the provider that the patient's care is being transitioned to. Numerator #2 reports the percentage of encounters involving a transition in care in which a summary of care record was provided electronically to the provider that the patient's care is being transitioned to. *See below for more information on setting up the Kryptiq Practice Portal for meeting this measure.*

Eligible Provider Attestation Exclusion

EXCLUSION: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period is excluded from all measures.

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 (transferred or referred) the care of a patient to another provider. . The following table identifies patients with pending or billable encounters that qualify for the denominator when they meet *any* of the listed denominator criteria.

Criteria detail	Implementation guidelines
An encounter finding showing that a referral summary was provided, which is matched to the iDASH_MU22_PfxO-CCDSharedMedcinID data list, during the reporting period qualify for the denominator.	• Use the Intergy EHR Meaningful Use Encounter Note Form or Visit Note Template to document a referral summary was sent to another provider. • Review the following: – Intergy EHR Docs tab Outline page 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 matched to the iDASH_MU22_PfxO-TransferredMedcinID data list, within the reporting period qualify 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 Outline page to verify a patient's recorded Medcin ID value. – iDASH_MU22_PfxO-TransferredMedcinID data list for a qualifying Medcin ID value.

Criteria detail	Implementation guidelines
A referral summary exchange document was created and linked to an encounter which occurred during the reporting period.	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.

Numerator Criteria
This measure has two numerators. The criteria for both numerator #1 and numerator #2 must be met in order for this measure to qualify you for the Meaningful Use program.

Numerator #1 reports the percentage of encounters involving a transition in care in which a summary of care record was provided to the provider that the patient's care is being transitioned.

Numerator #2 reports the percentage of encounters involving a transition in care in which a summary of care record was provided electronically to the provider that the patient's care is being transitioned.

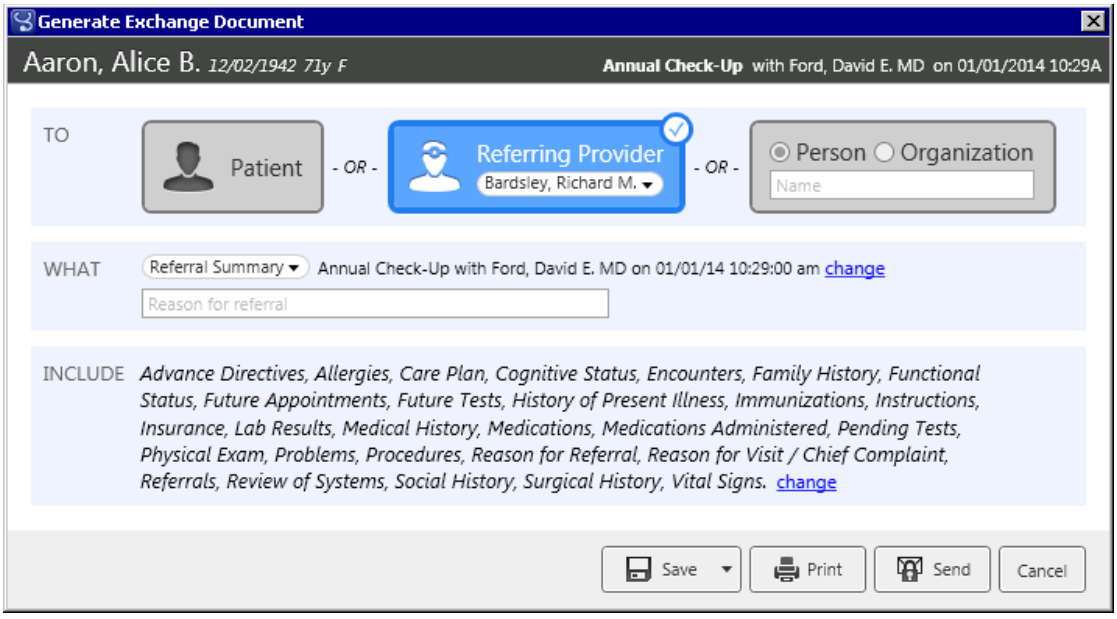
The following tables identify the details of the numerator criteria:

Criteria detail	Implementation guidelines
Numerator 1 Criteria: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.	Encounters are counted in numerator #1 if they show that a summary of care record was provided to the provider that the patient's care is being transitioned to. This can be indicated by any of the following: • A referral summary CCD Exchange Document was created and linked to a encounter which occurred during the reporting period. • A Continuity of Care Document was generated during the reporting period. This is indicated by an encounter finding with a Medcin ID that matches a value on the iDASH_MU22_PfxO-CCDSharedMedcinID data list. This Medcin ID must have a prefix of Ordered. (Note that this data list includes both parent and child values.) The default Medcin ID for this finding is ID 1000000736.

Criteria detail	Implementation guidelines
Numerator 2 Criteria: The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.	Encounters are counted in numerator #2 if they show that a summary of care record was provided electronically to the practice that the patient's care is being transitioned to. This is indicated by a receipt being returned by the Direct messaging feature of Practice Portal to the provider who is transitioning the care of the patient to another provider. This receipt ensures that the patient's summary of care document was received electronically by the provider who will start providing care to the patient.

Intergy Workflow

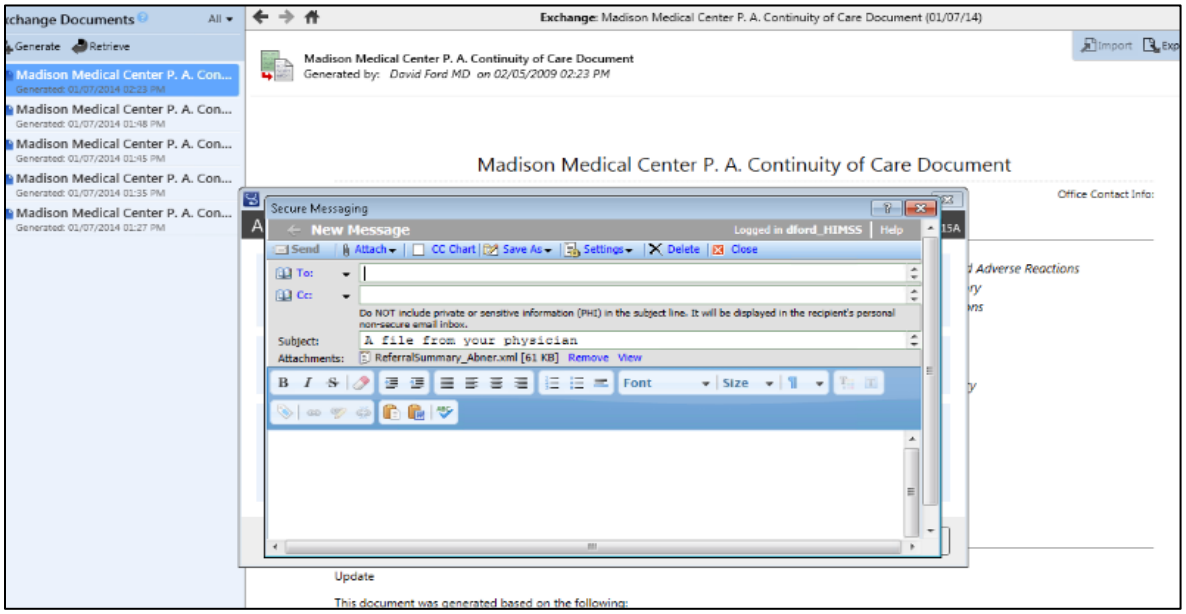
Numerator 1:
Referral Summaries require CCDA technology. Intergy workflow for Referral Summaries is similar to that for Visit Summaries. Select the 'More' option on the top right of the Patient Summary Page inside the Encounter information area. When **More** is selected, the Generate Exchange Document window is displayed.



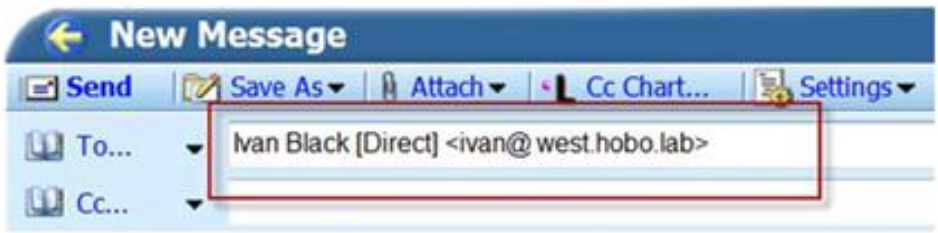
Select the Referring Provider button (shown above in Blue) and then select the referring provider. Once the referral summary has been generated, the selected encounter will qualify for the numerator.

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.

Numerator 2:
To count towards the **Received** part of this measure, you will need to **Send** the Referral Summary using the Send button on the Generate window. From the secure message, you can send via Direct Messaging to another provider who also has Direct Messaging setup.



When you select a provider with Direct messaging, it will be indicated in the email address as shown below, and will automatically count towards the numerator:



Certain sections are required in the Referral Summary to count towards Numerator 2. The following required sections can be changed. If these sections are removed from the Referral Summary, the document will not count towards the second part of the measure.

Allergies, Cognitive Status, Encounters, Functional Status, Immunizations, Lab Results, Medications, Problems, Reason for Referral, Procedures , Plan of Care (Care Plan, Future Appointments, Future Tests, Pending Tests, Referrals) Social Hx, Vitals.

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.

Core 17 Secure Electronic Messaging

Overview

A secure message was sent using the electronic messaging function of CEHRT by more than 5 percent of unique patients (or their authorized representatives) seen by the EP during the EHR reporting period.

Eligible Provider Attestation Exclusion

EXCLUSION: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.

Important Auditing Criteria

This measure requires that all providers who receive secure messages must use an email address that is within the internal domain to receive credit for those messages.

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

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. • The procedure code must have been marked as a Qualifying Visit on the Procedure Code Maintenance window in the Intergy Desktop.

Numerator Criteria

Criteria details	Implementation guidelines
Patients are counted in the numerator if they used Intergy's Practice Portal to send at least one secure electronic message to their provider during the reporting period. This electronic message must be in regards to the patient's clinical health information in order to qualify.	Qualifying messages must be of a message type that matches a message type on the iDASH_MU28_PortalMsgTypesCODE data list. For more information about message types and the data list used by this measure, see the Core 17 Stage 2 Important Note about Data Lists.

Important Note about Data Lists for Core 17 Secure Electronic Messages

Qualifying for this measure's numerator requires a secure message to be sent using Intergy's Practice Portal. This message must be in regards to the patient's clinical health information.

Messages sent using Intergy's Practice Portal are classified by message types. The Message Types known to contain clinical health information are stored on the **iDASH_MU28_PortalMsgTypesCODE** data list.

Refer to the following for a list of message types contained on the iDASH_MU28_PortalMsgTypesCODE data list. The Message Type is stored on the data list, not the code. The code appears on messages in the Practice Portal's Inbox and is provided only as a reference.

Message Type	Code
AdministrativeInquiry	INQ
CCD	CCD
Demographic	DEM
IMH	IMH
MedicalQuestion	MQ
MedicationRenewal	MED
NewPatientEnrollment	NPE
Patient	PT
Referral	REF
ReferralRequest	RR
Registration	REG
Standard	(Blank)

The following Message Types are not normally used for messages that include clinical health information. They are not included on the iDASH_MU28_PortalMsgTypesCODE data list. Messages of the following types will not qualify for the numerator of this measure.

Message Type	Code
(Blank)	(Blank)
AppointmentRequest	APT
BillingQuestion	BQ
PaymentNotification	PMN
PaymentReceipt	PMR
Unset	(Blank)

If your practice has configured the Practice Portal so that any of these Message Types will be used for messages that will always contain clinical health information, you must add those Message Types to the iDASH_MU28_PortalMsgTypesCODE data list.

Additionally, if your practice finds that any of the Message Types that are not included on the iDASH_MU28_PortalMsgTypesCODE data list are used for messages that always contain clinical health information, then you must add those Message Types to the data list in order to ensure proper reporting. However, only message types that always contain clinical health information should be added to the iDASH_MU28_PortalMsgTypesCODE data list.

Menu 2 Progress Notes

Overview

Enter at least one electronic progress note created, edited and signed by an EP for more than 30 percent of unique patients with at least one office visit during the EHR Measure reporting period.

Denominator Criteria

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. 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 pending or billable charge history to verify that a patient has a visit encounter during the reporting period.

Numerator Criteria

The following table identifies the details of the numerator criteria.

Criteria details	Implementation guidelines
Patients are counted in the numerator if their patient record includes at least one progress note that has been signed by a physician. The staff member who signed the progress note must be assigned (in the Intergy system) a position code that matches a value on the iDASH_MU27_ProviderCodesPOSITION data list.	The following types of documents will count for the measure: • Encounter Note – signed by the provider • Visit Note – signed by the provider • Transcription Docs – approved by the provider

Menu 2 Stage 2 Important Note about Data Lists

To ensure that only progress notes signed by physicians are used to qualify patients for this numerator, staff members must be identified in the Intergy system as providers. This is done by verifying that the position code assigned to the staff member in the Intergy system is for a physician.

Position codes that indicate a staff member is a physician are stored on the iDASH_MU27_ProviderCodesPOSITION data list. This data list assumes that physicians in the Intergy system are assigned one of the following position codes: DR (for doctor), RAD (for radiologist), or DDS (for dentist). If your practice uses any other position codes to identify staff members who are physicians, you must add those position codes to the iDASH_MU27_ProviderCodesPOSITION data list.

Menu 3 Imaging Results

Overview

More than 10% of all tests whose result is one or more images ordered by the EP during the EHR reporting period are accessible through CEHRT.

Eligible Provider Attestation Exclusion

EXCLUSION:
Any EP who orders less than 100 tests whose result is an image during the EHR reporting period; or any EP who has no access to electronic imaging results at the start of the EHR reporting period.

Denominator Criteria

Criteria details	Implementation guidelines
Orders are counted in the denominator if they have a default result type of I (for Image). **Note:** Orders from the Procedures/Tests tests tab of Intergy EHR (Order Group Code of PRO or PRO3) will not qualify for the denominator.	Review the Order Type setup in Intergy EHR to verify the default result type for the Orders that should contain an Image.

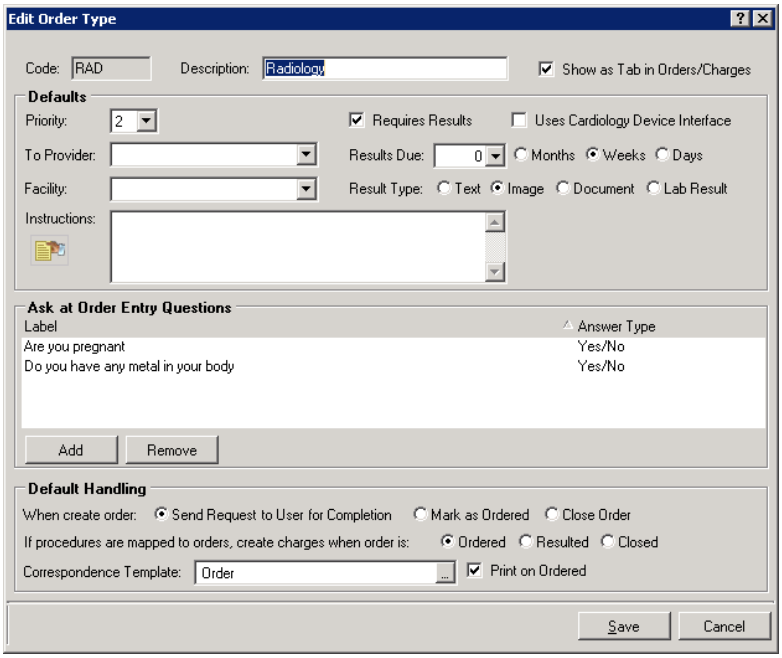
Numerator Criteria

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

Criteria details	Implementation guidelines
Orders are counted in the numerator if the Order Type has a result of I (for Image) or D (for document) and if they had an image or a document attached to them as results. This attached image or document must be accessible through Intergy EHR.	Review the Patient Orders in Intergy EHR Patient Chart Orders tab to verify Results have been attached to the order.
Orders are counted in the numerator if there is a Text result for the Order detail which has the following phrase “PACS System”.	Review the Patient Orders in Intergy EHR Patient Chart Orders tab to verify Text Results have been attached to the order.

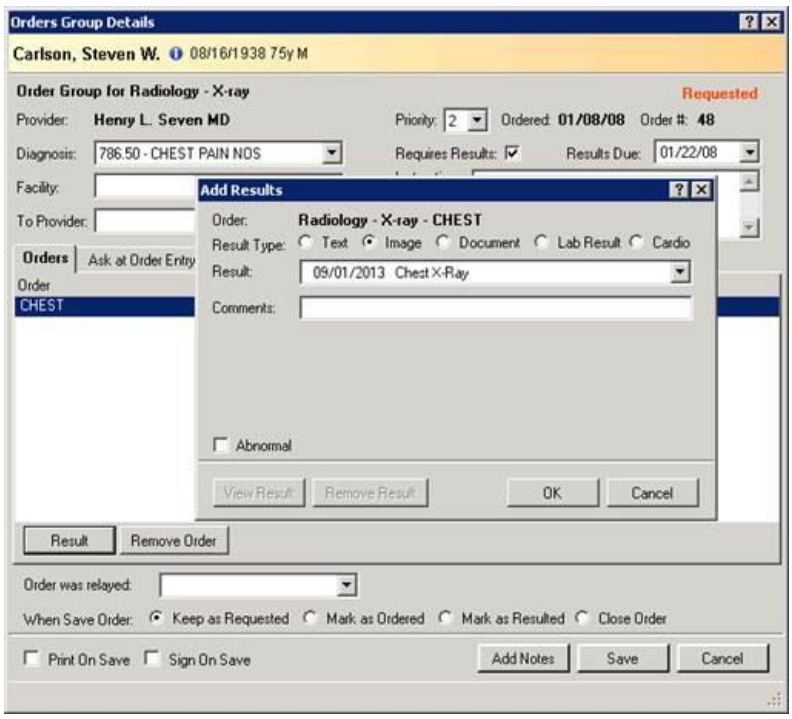
Intergy Workflow

To count Orders in the Denominator, set up the Order Type to have a Default Result type of 'Image'. Make sure that the Results Required flag is also selected. In this example, the Radiology Order type is set to have Images as results. *Don't worry, even if the default is set, you can attach any type of result to the patient orders.*



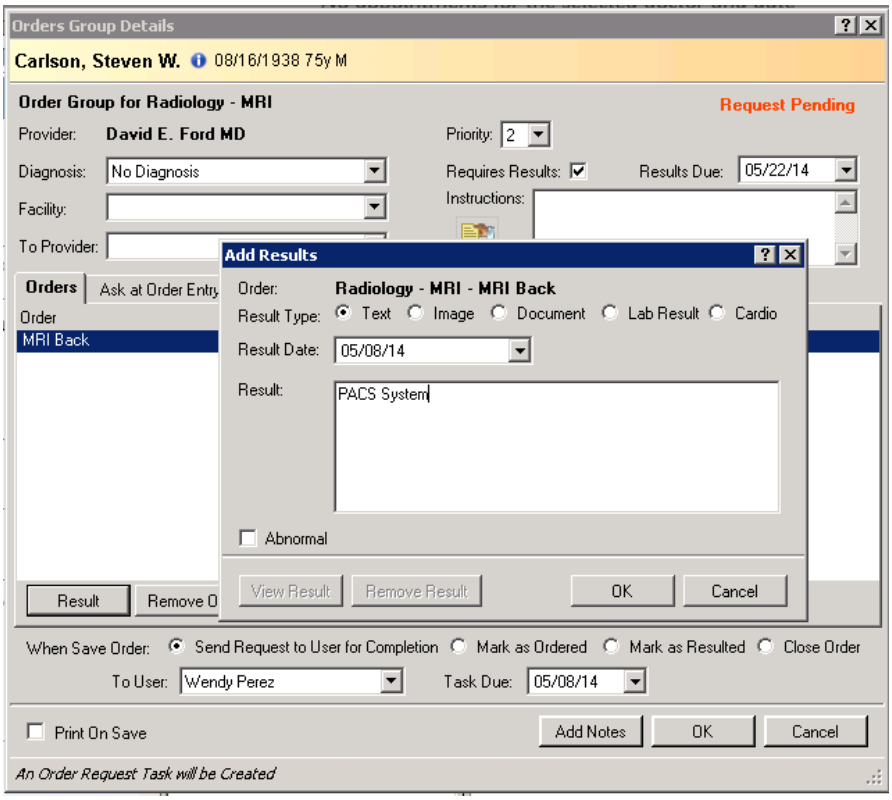
Option 1:

To count Orders in the Numerator, link a document or image to at least one Order detail on the Patient Order Group.



Option 2

If using a PACS system to store and manage your Images, you can create a text result as shown below. If at least one Order in the Order group contains a Text result with the word “PACS System”, then the order group will count towards the Numerator for this measure.



Menu 4 Family Health History

Overview

More than 20 percent of all unique patients seen by the EP during the EHR reporting period have a structured data entry for one or more first-degree relatives.

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

Denominator Criteria

Criteria details	Implementation guidelines
Patients qualify for this measure if they have 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. 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 pending or billable charge history to verify that a patient has a visit encounter during the reporting period.

Numerator Criteria

Patients are counted in the numerator if they have family medical history recorded as structured data for one or more first-degree relatives (parents, siblings, or offspring). The following table identifies patients who qualify for the numerator when they meet **any** of the listed criteria.

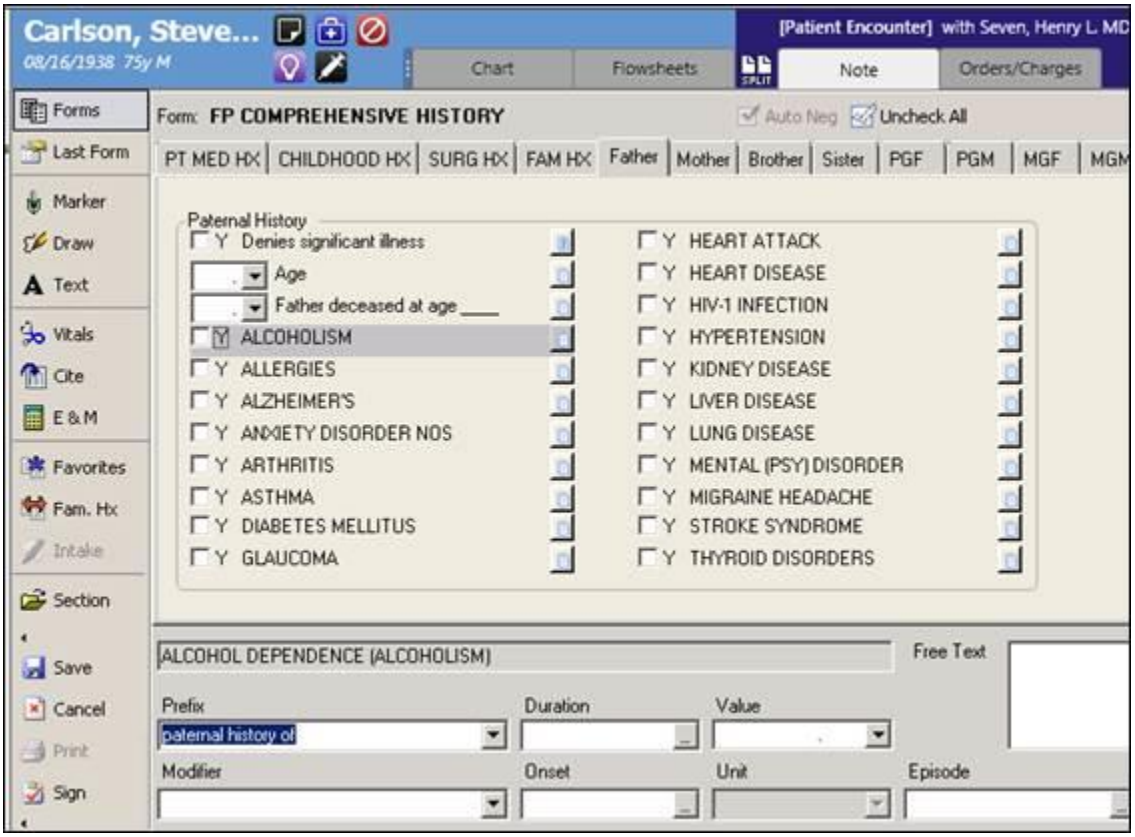
Criteria details	Implementation guidelines
• A family history item within their clinical history. This family history item must include a prefix that refers to a first-degree relative. The prefix used must match a patient-problem prefix on the iDASH_MU25_PatientProblemPrefix data list.	To verify the patient has Family history recorded, view the Clinical Hx tab in Intergy EHR Patient Chart. You can view details of the clinical history to see the prefix used. **Note:** Specific family prefixes must be used to count towards the measure (ie: paternal, maternal)
• A patient problem with a prefix that refers to a first-degree relative. The prefix used must match a patient-problem prefix on the iDASH_MU25_PatientProblemPrefix data list.	To verify the patient has Family history recorded in the Problems portion of the chart, view the Problems tab in Intergy EHR Patient Chart. You can view details of the problem to see the prefix used. **Note:** Specific family prefixes must be used to count towards the measure (ie: paternal, maternal)

Criteria details	Implementation guidelines
• An unknown family history. This is indicated by a negative encounter finding based on a Medcin ID that matches a value on the iDASH_MU25_UnknownFamilyHistoryMedcinID. NC data list.	To verify the patient has unknown Family history recorded, view the Clinical Hx tab in Intergy EHR Patient Chart.

Intergy Workflow

Encounter note forms and Visit note templates can be used to capture family history. There are Forms available for import that contain Findings with Family Hx prefixes already defined. You can also create your own forms for this measure.

Remember: Specific family prefixes must be used to count towards the measure (ie: paternal hx, maternal hx)



To document that a patient's family history is unknown you can use Finding ID 5098 and select the negative or "N" value. If there is a different finding you use to indicate this information, then you must add the finding to the MU Dashboard's data list "iDASH_MU25_UnknownFamilyHistoryMedcinID.NC data list."

STAGE 2 - 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 2 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 2 Meaningful Use Specification Sheets for Eligible Professionals* document directly from the CMS EHR Incentive Programs Web page click following link.

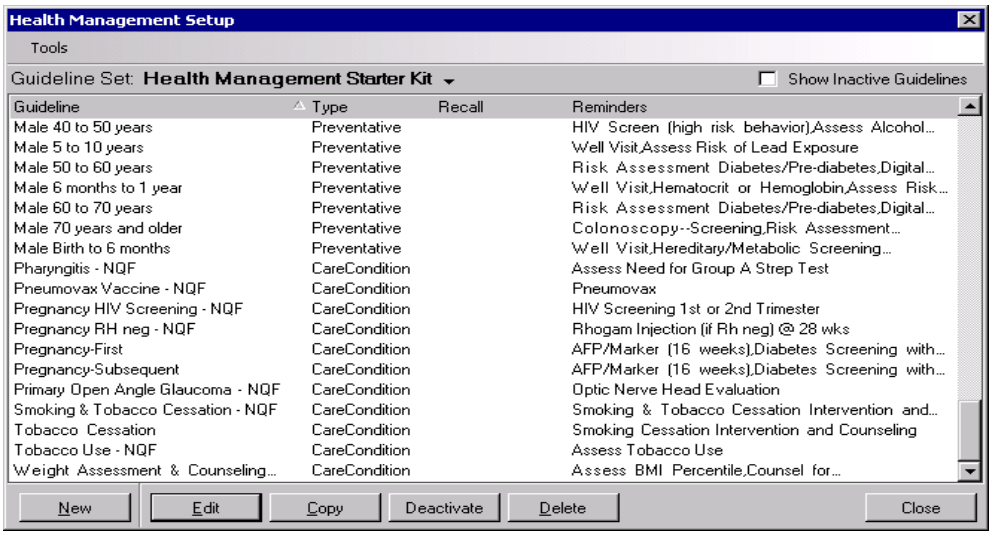
http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2_MeaningfulUseSpecSheet_TableContents_EPs.pdf

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	
Core measures	
Stage 2 Core Measure 6	**Core 6 - Clinical Decision Support Rule** This is a Yes/No attestation measure. **Objective**: Use clinical decision support to improve performance on high-priority health conditions. **Measure** **Measure 1:** Implement five clinical decision support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions. **Measure 2:** The EP has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period. **Exclusion:** For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.

Intergy Workflow - Measure 1

Health Management can be used to satisfy the first requirement (Implement 5 CDS interventions related to 4+ CQMs or high priority health condition). 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.



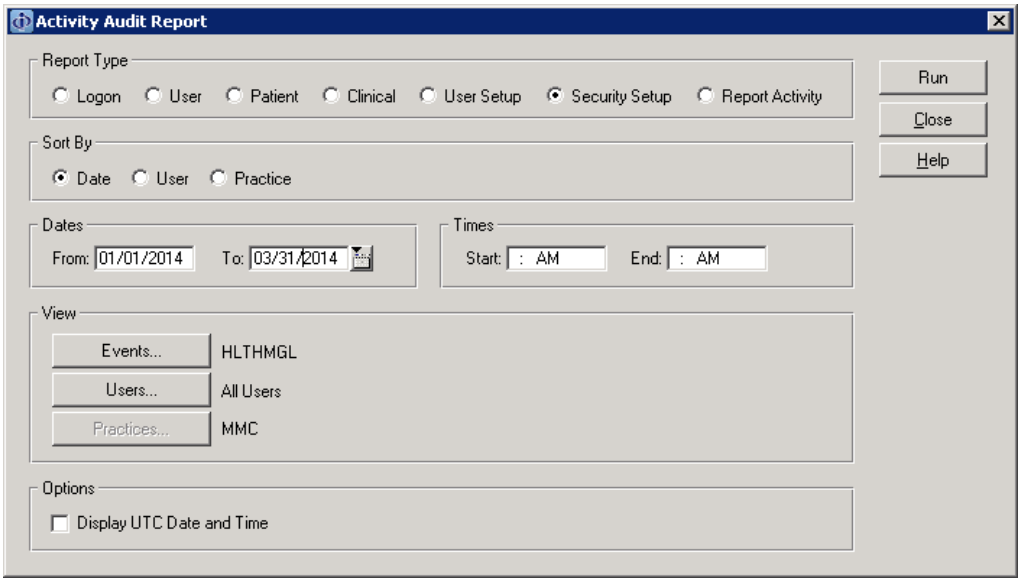
Intergy logs when Health management guidelines are activated and deactivated. Also, Intergy logs when access to the Health Management is granted (via user security). To assist in an audit, the practice administrator should activate the desired guidelines and grant access to the needed users and run a security audit report with this information to be saved for an audit.

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:*

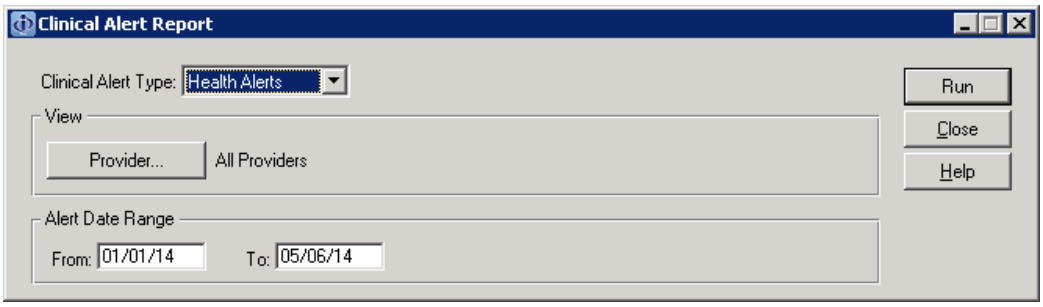
Intergy logs when Health management guidelines are activated and deactivated. Also, Intergy logs when access to the Health Management is granted (via user security).
To assist in an audit, the practice administrator should:

- 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 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.



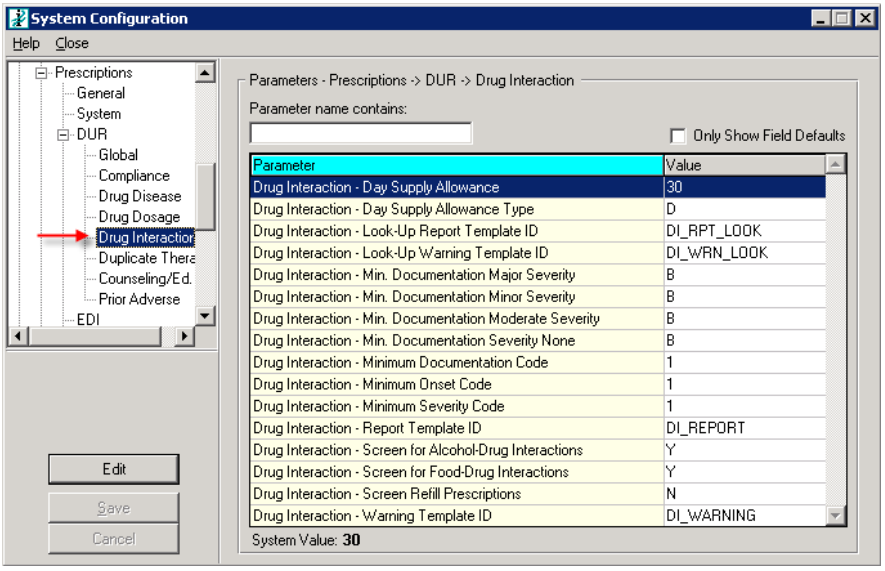
Intergy Workflow – Measure 2

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.

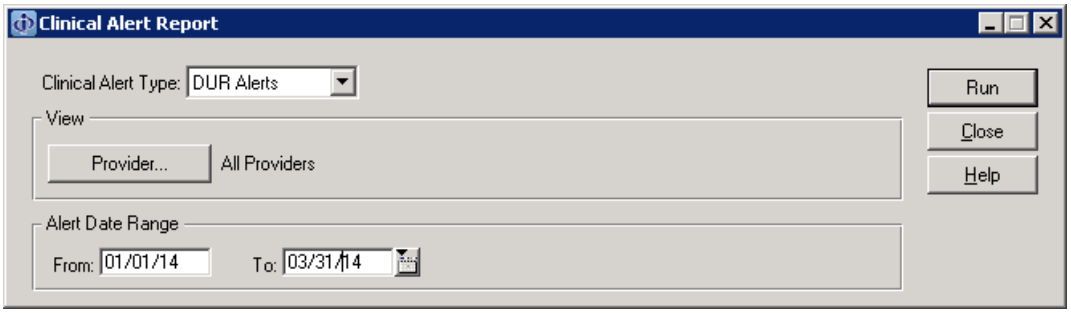
- To access your Intergy System Configuration Drug Interaction parameters:
- Log on to **Intergy System Administration**, click **Setup** and then click **System Configuration**.
- From the System Configuration screen, double-click **Prescriptions**, double-click **DUR** and then click **Drug Interactions**.
- 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 the event of a CMS EHR Incentive Program audit.



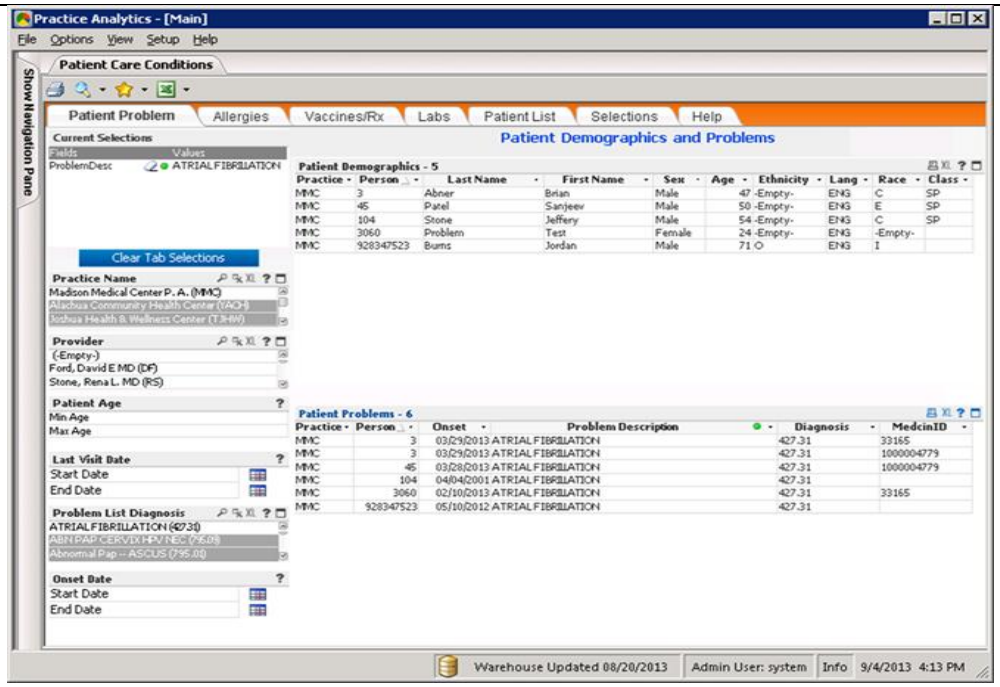
Option 2 – Clinical Alert Report - *This can be performed at the end of the measurement period.*

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.



CMS Measure	
Core measures	
Stage 2	**Core 9 - Privacy and Security** This is a Yes/No attestation measure **Objective:** Protect electronic health information created or maintained by the certified EHR technology (CEHRT) through the implementation of appropriate technical capabilities. **Measure:** Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a) (1), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under 45 CFR 164.312 (a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process for EPs. Additional Information EPs must conduct or review a security risk analysis of CEHRT including addressing encryption/security of data, and implement updates as necessary at least once prior to the end of the EHR reporting period and attest to that conduct or review. The testing could occur prior to the beginning of the first EHR reporting period. However, a new review would have to occur for each subsequent reporting period. The parameters of the security risk analysis are defined 45 CFR 164.308(a)(1) which was created by the HIPAA Security Rule. Meaningful use does not impose new or expanded requirements on the HIPAA Security Rule nor does it require specific use of every certification and standard that is included in certification of EHR technology. More information on the HIPAA Security Rule can be found at http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/. See "*Appendix B: Protecting Your System from Security Risks*" for more information on protecting electronic health information.

CMS Measure	
Core measures	
Stage 2 Core Measure 11	**Core 11 - Patient List Creation** **Overview** This is a Yes/No attestation measure. Generate at least one report listing patients of the EP with a specific condition. **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 patients of the EP with a specific condition. The following conditions can be used to meet this measure: • Problems • Medications • Medication allergies • Demographics • Laboratory tests and values/results • Patient communication preferences **Intergy Workflow** Using the Practice Analytics' Patient Care Conditions list will satisfy this requirement. Please refer to the Patient Care Conditions section of the Help menu for detailed information regarding the use of these lists (for example, Practice Analytics allows you to generate a list of patients with diabetes who have not completed particular lab orders within a specified time period) . The screen capture below illustrates the Patient Care Conditions measure within Practice Analytics.

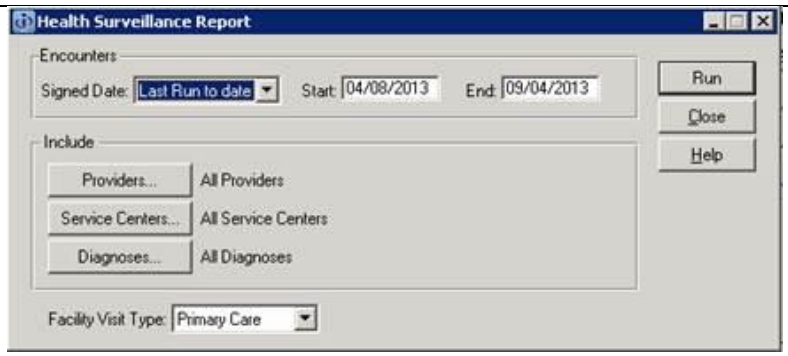


You can export the list of patients that are generated from this screen for Batch Posting Clinical Recalls which will assist in fulfilling 'Core 12 Patient Reminders'. Select the 'XL' button at the top right of the Patient List to export the file to Microsoft Excel.

- From Microsoft Excel, save the file as a 'CSV Comma Delimited' File.
- In Intergy, select Scheduling Menu-> Recalls -> Batch Post Clinical Recalls
- From this screen, you can select the file that you would like to create the recalls. See Help from the Batch Post Clinical Recalls screen for more information on how this functionality works.

CMS Measure	
Core measures	
Stage 2 Core Measure 16	**Core 16 - Immunization Registries Measure** **Overview** This is a Yes/No attestation measure. **Objective:** Capability to submit electronic data to immunization registries or immunization information systems except where prohibited, and in accordance with applicable law and practice. **Measure:** Successful ongoing submission of electronic immunization data from CEHRT to an immunization registry or immunization information system for the entire EHR reporting period. *EXCLUSIONS:* *Any EP that meets one or more of the following criteria may be excluded from this objective:* • *The EP does not administer any of the immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period* • *The EP operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required for CEHRT at the start of their EHR reporting period* • *The EP operates in a jurisdiction where no immunization registry or immunization information system provides information timely on capability to receive immunization data* • *The EP operates in a jurisdiction for which no immunization registry or immunization information system that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs* **Intergy Workflow** 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.

CMS Measure	
Menu measures	
Stage 2 Menu Measure 1	**Menu 1 - Syndromic Surveillance Data Submission** **Objective:** Capability to submit electronic syndromic surveillance data to public health agencies except where prohibited, and in accordance with applicable law and practice. **Measure:** Successful ongoing submission of electronic syndromic surveillance data from CEHRT to a public health agency for the entire EHR reporting period. **Exclusion:** Any EP that meets one or more of the following criteria may be excluded from this objective: (1) the EP is not in a category of providers that collect ambulatory syndromic surveillance information on their patients during the EHR reporting period; (2) the EP operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required by CEHRT at the start of their EHR reporting period; (3) the EP operates in a jurisdiction where no public health agency provides information timely on capability to receive syndromic surveillance data; or (4) The EP operates in a jurisdiction for which no public health agency that is capable of accepting the specific standards required by CEHRT at the start of their EHR reporting period can enroll additional EPs. **Intergy Workflow** Your practice can generate the *Public Health Surveillance Report* to show compliance with this measure. Keep a copy of these reports (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*.



When this report is run, a printout is generated that displays the name and location of the submission file; and the list of patients and encounters that are contained in the file.

CMS Measure	
Menu measures	
Stage 2 Menu Measure 5	**Menu 5 - Identify and Report Cancer Cases** **Note:** This is an optional criterion in which Intergy is not certified; and is not required to be considered a complete certified EHR. **Objective:** Capability to identify and report cancer cases to a public health central cancer registry, except where prohibited, and in accordance with applicable law and practice. **Measure:** Successful ongoing submission of cancer case information from CEHR *EXCLUSIONS:* *Any EP that meets at least 1 of the following criteria may be excluded from this objective:* • *The EP does not diagnose or directly treat cancer;* • *The EP operates in a jurisdiction for which no public health agency is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period;* • *The EP operates in a jurisdiction where no PHA provides information timely on capability to receive electronic cancer case information; or* • *The EP operates in a jurisdiction for which no public health agency that is capable of receiving electronic cancer case information in the specific standards required for CEHRT at the beginning of their EHR reporting period can enroll additional EPs.* CMS finalized its proposal to make this an optional criterion in conjunction with its decision to modify the definition of a certified EHR Technology. EPs are now allowed to utilize a complete certified EHR in conjunction with a modular certified EHR. While this is not the only use-case for that rule change, a common use-case will be EPs who purchase a complete certified EHR and an additional modular component certified only to one of these optional criteria. Immunization registries may not be substituted for this objective. Capability to submit to immunization registries is 1 of the 17 core objectives. EPs are required to complete all 17 core objectives and select 3 of the 6 menu objectives for attestation.

CMS Measure	
Menu measures	
Stage 2 Menu Measure 6	**Menu 6 - Identify and Report Specific Cases** **Overview** This is a Yes/No attestation measure. **Objective:** Capability to identify and report specific cases to a specialized registry (other than a cancer registry), except where prohibited, and in accordance with applicable law and practice. **Measure :** Successful ongoing submission of specific case information from CEHRT to a specialized registry for the entire EHR reporting period. *EXCLUSIONS:* *Any EP that meets at least 1 of the following criteria may be excluded from this objective:* • *The EP does not diagnose or directly treat any disease associated with a specialized registry sponsored by a national specialty society for which the EP is eligible, or the public health agencies in their jurisdiction;* • *The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible is capable of receiving electronic specific case information in the specific standards required by CEHRT at the beginning of their EHR reporting period;* • *The EP operates in a jurisdiction where no public health agency or national specialty society for which the EP is eligible provides information timely on capability to receive information into their specialized registries; or* • *The EP operates in a jurisdiction for which no specialized registry sponsored by a public health agency or by a national specialty society for which the EP is eligible that is capable of receiving electronic specific case information in the specific standards required by CEHR* This is the capability to submit to a registry "other than a cancer or immunization registry." As such these will be specialized registries and only relevant to a small number of providers. The specialized registry cannot be duplicative of any of the other registries included in other meaningful use objectives and measures. This means that an EP cannot meet the immunization, syndromic surveillance or cancer objectives and this objective by reporting to the same registry. The registries in question are those sponsored by the public health agencies with jurisdiction over the area where the EP practices and national medical societies covering the EP's scope of practice. The purpose of this measure is to provide meaningful use credit to those providers actively engaged in the beneficial use of their CEHRT by participating in specialized registries. There are no standards or certification criteria for us as a vendor for this objective. EPs will attest YES/NO to successfully submitting specific case information from their CEHRT to a specialized registry for the entire reporting period.

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		

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.

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.

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.