Centricity Practice Solution 12 and Centricity EMR 9.8 FAQ

1. When will we certify Centricity Practice Solution (CPS) 12, Centricity EMR (CEMR) 9.8 and reporting?

Testing is complete. Both solutions were certified as a Complete EHR for Ambulatory on 11/27/2013, CHPL Product ID for CEMR: CC-2014-704359-2]. CPS was certified as a Modular EHR for Ambulatory on 11/27/2013 [CHPL Product ID: CC-2014-704359-3], and CEMR was certified as a Modular EHR on 12/3/2013 [CHPL Product ID: CC-2014-704359-4].

2. When will CPS 12 with reporting for Meaningful Use (MU) be generally available (GA)?

General availability for CPS 12 with MU reporting services is expected between March 1 and March 31, 2014. We are continuing to focus on quality, per your feedback, to ensure a high-quality release.

Weekly webinars will update customers on progress.

3. When will CEMR 9.8 with reporting for MU be generally available?

General availability for CEMR with MU reporting services is expected between March 1 and March 31, 2014. We are continuing to focus on quality, per your feedback, to ensure a high-quality release.

Weekly webinars will update customers on progress.
4. **As a direct customer, what services are available to help customers attest to MU?**

Three levels of service exist for direct customers to assist with your MU attestations.

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| **Accelerator** | - An interactive, web-based education and optimization program  
                   - MU1 includes education, setup, data capture, report generation, and attestation support  
                   - MU2 includes education, workflow and software review, report generation, and attestation support |
| **360**     | - A combination of virtual sessions and on-site planning  
                   - Includes education, data analysis, workflow mapping and 2014 Certified EHR transition tips  
                   - You will receive a summary report that documents progress on each measure |
| **Customized** | - A comprehensive full service program that provides a complement of services ranging from education through audit support  
                  - Accounts for custom needs around workflow data aggregation and MU progress  
                  - Depending upon need, may include the delivery of training for all staff and optimization of EMR adoption |

5. **As a direct customer, what GE Healthcare services will be available to help me with my upgrade?**

- Upgrade services: we can assign a project coordinator to help track and facilitate upgrade tasks and an installation engineer to perform the upgrade. Options are available to request an upgrade during or after business hours.
- Training and Education services: GE Healthcare is featuring a number of valuable education sessions via webinar. These webinars are listed on our Services Portal. GE Healthcare also offers computer-based training (CBTs). Three month or 12 month subscriptions are available for the PM library, the EMR library, or both, and may be purchased from your inside sales representative.
- Consulting services: our recommendations for consulting services will vary based on your current version of software. Changes in software functionality and workflows driven by the MU 2014 requirements will require planning and process changes, and our EMR Consultants can provide assistance.
6. When will these services be available?

MU services are available today for direct customers and similar services may be available for VAR customers. Additionally, GE Healthcare highly recommends that customers work with their inside sales representative now to begin the process of understanding what services may be applicable to them and to start work on preparation steps.

7. Who do we contact to talk about MU, implementation and upgrade services?

Direct customers should work with their account manager or inside sales representative. VAR customers should contact their VAR sales representatives.

8. What is the certified product package?

| MUST HAVE from GE Healthcare or your VAR | • CPS12 – OR – CEMR 9.8  
|                                         | • Advanced ePrescribing 3.5  
|                                         | • Centricity Integrated Secure Messaging 6.4 (sometimes referred to as Centricity Clinical Messenger)  
|                                         | - OR -  
|                                         | QIE 2.0 + HISP  
|                                         | [Not required for MU1. We recommend both for MU2.]  
|                                         | • Access to Clinical Quality Reporting 1.0  
|                                         | • QIE 2.0  
| MUST HAVE appropriate certified version (may be from other vendors) | • Certified tools for View Download and Transmit + Secure Messaging MU Requirements, such as  
| | o Centricity Patient Portal 6.4 – OR –  
| | o Centricity Patient Online 13.03 + Secure Messenger for |
**CEMR-PoL 13.0.3**

- Info-button enabled version of patient education materials such as:
  - Truven’s Micromedex Caredotes Patient Education Resources 5.27.0

**Optional software**

- An info-button enabled version of clinician referential information such as
  - Truven’s Micromedex Clinical Knowledge Suite 5.27

**NOTE:** Although a customer could opt to use an alternate certified capability for any of our certified capabilities, it will be the customer’s responsibility to ensure they meet the definition of the solution set they are required to possess.

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**Meaningful Use (MU) Stage 1 and Stage 2 requirements and timeline for 2013 and 2014/2015**

**This section focuses primarily on Medicare requirements.**

9. **What is the difference between 2014 edition Certified EHR Technology and Stage 2 Meaningful Use?**

The Certified EHR Technology requirements are being revised as of 2014, replacing the current 2011 certification requirements. Starting in 2014, all eligible professionals (EPs) must use the 2014 edition certified EHR, regardless of their stage. **These updated requirements apply to both Stages 1 and 2.**

The “Stages” of MU refer to increasingly challenging requirements for an EP to qualify as a meaningful EMR user; after 2 or 3 years in Stage 1, depending on when an EP first qualified for MU, the EP must move up to Stage 2 for MU attestation. The original Stage 1 MU requirements and associated 2011 edition certification requirements applied to Stage 1 only. The updated CMS and ONC regulations defining Stage 2 also include revised specifications for Stage 1 along with new specifications for Stage 2. The following CMS resources are useful:

10. What is the reporting and attestation period for Meaningful Use in 2014?

- For customers entering year 1 of stage 1: Customers can report on any contiguous 90-day period in 2014 and can attest immediately following the end of the reporting period. EPs must attest for the first time by October 1, 2014 in order to avoid penalties in 2015.
- For all other customers: Customers must report on one calendar quarter in 2014 but have until the end of February 2015 to complete their attestation.

11. Did the CMS announcement on Stage 3 timing change the timetable for the start of Stage 2?

No. CMS made no changes in the timing of the start of Stage 2 or when providers will need to have or use certified EHR technology for 2014 to earn 2014 incentive payments or avoid later penalties.

On Friday, December 6, 2013 CMS and ONC announced changes in the regulatory timeline for Stage 3 on Meaningful Use and for a forthcoming proposal for a 2015 edition of certified EHR Technology. An authoritative summary of the changes announced is available at http://www.healthit.gov/buzz-blog/electronic-health-and-medical-records/progress-adoption-electronic-health-records/. Some initial trade press reports were misleading in suggesting that the announcement changed the timing for the start of Stage 2.

**Stage 3 Timing**

Providers in Stage 2 in 2014 will have three years in Stage 2 (rather than the usual two), very similar to what CMS did in pushing out the start of Stage 2 by one year, from 2014 to 2013, allowing providers who had started Meaningful Use in 2011 to have three years in Stage 1. Likewise, the updated edition of certified software would be made for 2017, not 2016, providing more time for vendors and providers for development and implementation.

The key CMS quote is “[u]nder the revised timeline, Stage 2 will be extended through 2016 and Stage 3 will begin in 2017 for those providers that have completed at least two years in Stage 2. The goal of this change is two-fold: first, to allow CMS and ONC to focus efforts on the successful implementation of the enhanced patient engagement, interoperability and health information exchange requirements in Stage 2; and second, to utilize data from Stage 2 participation to inform policy decisions for Stage 3.”
CMS and ONC expect that, in the Fall of 2014, they will issue proposed rules for Stage 3 and the 2017 Edition of the ONC Standards and Certification Criteria. The Final Rules are expected in the Summer of 2015, providing roughly the same or somewhat longer timing for vendors and providers between when the Final Rules are issued and the next stage of Meaningful Use begins. Further details on Stage 3 and 2017 edition certified EHR technology will be provided in the proposed and final rules.

12. Will I be able to use my current version of Centricity Practice Solution (CPS) or Centricity EMR (CEMR) to attest during 2014 or 2015?

No, all customers who wish to attest after 2013 (Stages 1 and 2) will need to upgrade to either CEMR 9.8 or CPS 12.

13. I will only be attesting to Stage 1 in 2014. Do I need to upgrade?

Yes, all customers who wish to attest in 2014 will need to upgrade to either CEMR 9.8 or CPS 12.

14. Will I need any additional software besides CPS 12 or CEMR 9.8 to attest to Meaningful Use in 2014?

Yes, customers must upgrade and be using the equivalent of a “Base” EHR (core certification requirements) and the additional 2014-edition certified software and capabilities required for their stage and the meaningful use measures they plan to meet.

CPS 12 and CEMR 9.8 will be certified as both “complete” (covering all criteria) and “modular” (minus some criteria). In certifying these products, specific additional software and capabilities will be used in the certification process above and beyond the core CPS 12 or CEMR 9.8 functionality. Customers will need to use the applicable certified functionalities (e.g., patient portal, secure messaging, interface engine) or alternate certified capabilities. If customers use alternate certified capabilities, they may still need to document that they have “possession” of the capabilities that were certified along with CPS/CEMR. See Questions 17 and 18 on required software for more details.

Upgrade considerations: HW/SW and Add-on Products

15. When will product documentation be available?

Draft hardware and software specifications and our weekly webinar recordings are available on our Service Portal. Our Meaningful Use User Guide will be available in Q1. All other documentation will be made available with the general release of the product.
16. What are the projected hardware requirements for CPS 12 and EMR 9.8? How will these differ from CPS 11 and EMR 9.5?

Draft hardware and software specification documentation, as well as a webinar recording on this topic, are available on our Service Portal.

Below outlines our current expectations.

- Requirements for the Application Server will likely increase.
- Platform support
  - **Server Platform**: We will continue support for Windows Server 2008 R2 64 bit. We will add support for Windows Server 2012 64 bit.
  - **CPS database**: We will continue support for SQL 2008. We will add support for SQL 2012. Please note: Centricity Analytics is not yet compatible with SQL 2012. Centricity customers that utilize Analytics will need to remain on SQL 2008
  - **CEMR database**: We will continue support for 11gR2. We will likely include an Oracle patch
  - **Client Platforms**: We will continue support for Win 7 Professional 32-bit & 64 bit. We will add support for Win 8 Professional 32-bit & 64 bit. We will end support for Vista. Embedded Browser: We will support IE 9 32-bit and IE 10 32-bit

17. What are the projected software and configuration requirements for CPS 12 and CEMR 9.8? How will these differ from CPS 11 and CEMR 9.5?

In order to assemble a certified EHR under the 2014 standards, a typical existing customer will have to purchase an interface engine, interface utilities, portal, secure patient-provider messaging (which may be included in their portal’s functionality), and patient education materials. We have certified with this functionality and customers need to use certified capabilities for meaningful use. They will also be required to configure various interfaces and may find it advantageous to have secure provider-provider messaging.
Interface engine(s): Customers will need to purchase or upgrade to the 2014 edition certified interface engine.

- Customers will need this to meet the immunization registry (Stage 2 Core 16) requirement and may use it to meet the registry interface Menu requirements in Stage 1.
- This will also be used to send data to the new Clinical Quality Reporting (CQR) system, which will house GE Healthcare’s Meaningful Use reports for the 2014 version of Stage 1 and Stage 2.
- Customers have the option to use the QIE and HISP automated workflow for meeting the Transition of Care (Stage 2 Core 15) requirement. See the provider to provider messaging explanation below.
- We certified with QIE as the interface engine for a complete EHR so possession of this will be required. CCG was also certified, but only QIE can be used for Lab Results and Transition of Care measures. As a result, CCG may be used to supplement QIE but cannot be used as a complete replacement for QIE. GE Healthcare recommends implementing QIE for all your MU interface needs since using two interface engines would require separate servers and increase your hardware costs. Our GE integration services will be dedicated to QIE for meaningful use interfaces. Customers are advised to work with their inside sales representative in choosing their Meaningful Use interface solution.

Patient-provider messaging and portal (View, Download, and Transmit): A patient portal and secure patient-provider messaging capabilities will be required for the “View, Download, and Transmit Functional Requirement applicable for Stage 1 (revised Core #12) and Stage 2 (Core #7) and the Patient-Provider messaging requirement in Stage 2 (Core #17), and customers will need to use a certified solution for these (standalone module or part of our certified solution). GE Healthcare has certified with the Centricity Patient Portal and Centricity Clinical Messenger [Kryptiq products]. For CEMR customers who use Centricity Patient Online (POL), we have certified with POL and CEMR-POL Secure Messaging (patient-provider).

Provider-Provider messaging (Provide Summary of Care at Transition or Referral): EPs will be required to meet three measures for the criterion to provide a Transition of Care / Summary of Care document to other providers. This requirement also varies based on the Stage of MU the EP is reporting. Both Stage 1 and Stage 2 have an overall requirement that requires providing the Summary of Care for 50% of referrals either by printing a patient summary, downloading an encrypted CCDA for delivery on a thumb drive, or delivering it electronically. Stage 2 requires that 10% of the summaries be exchanged electronically. Customers can use either Centricity Clinical Messaging (AKA Centricity Integrated Secure Messaging), or they can use the QIE and a HISP. Either will provide secure provider-provider messaging that will meet the ONC 2014 certification requirements for electronic transmission of a patient summary at transitions of care or referrals using “Direct” transport.
mechanisms. We recommend both Centricity Clinical Messenger and QIE+HISP for the best user experience.

**Patient Education and Provider Referential Uses of the InfoButton:** The ExitCare handouts currently available within CPS and CEMR do not meet the Info Button standard for Stage 2 of Meaningful Use. The Patient Education Info Button is required for the Stage 2 Patient-Specific Education Resources (Core 13) measure. The Provider Referential Info Button is optional. CPS and CEMR are Info Button vendor-agnostic, allowing customers to pursue solutions from the vendor best suited to meet their needs. GE Healthcare is negotiating with Info Button vendors to offer our customers one or more options for the patient education and provider referential info button uses at a discount relative to market rates.

**18. What if GE Healthcare does not certify with my portal or interface engine?**

GE Healthcare has certified as a modular EHR without the View, Download, Transport and Secure Messaging requirements. These requirements are normally supported in a Patient Portal. Customers may use our modular EHR solution in conjunction with other modularly certified items, such as a Patient Portal to create a certified EHR that meets their applicable Base, Core, and Menu requirements. Customers will still be required to use or at least “possess” the QIE interface engine because it is integral to the certified capabilities for receiving Lab Results in our Complete and Modular solutions.

**NOTE:** Although a customer could opt to use an alternate certified capability for any of our certified capabilities, it will be the customer’s responsibility to ensure they meet the definition of the solution set they are required to possess.

**19. Is upgrading to CPS 12 or CEMR 9.8 a self-upgrade or will customers have to contract with GE Healthcare?**

For the best upgrade experience, we recommend that customers contract with GE Healthcare or discuss options with their VAR. It is possible for CPS customers with technical skills to perform their own upgrade to CPS 12 if they so choose.

Please note: Preparing to meet all of the meaningful use objectives for 2014 will require more than an upgrade to CPS 12 or CEMR 9.8 and may require support from GE Healthcare and relationships with organizations that will facilitate transmission of patient summaries to other providers (e.g., a “HISP” or HIE). Customer needs will vary, based on their current use and needs. For example, if a customer has not yet implemented an immunization registry interface, they will need to contract with GE Healthcare or their VAR for integration services to do this. In addition, changes to the existing software
capabilities and workflows driven by the MU 2014 requirements will also require planning and process changes. We are including professional services on upgrade contracts to ensure customers can work with our consulting resources in a pro-active manner.

20. When I should upgrade?

The appropriate time for a customer to upgrade depends on their circumstances and the initiatives they prioritize. GE Healthcare recommends that a customer wishing to attest for MU in 2014 upgrade as early as possible to allow for the maximum number of attestation periods possible. Their current CPS/CEMR version, stage in MU attestation, readiness to implement new MU requirements and associated functionality, whether a customer is in their first year of MU (and therefore must attest by Oct. 1, 2014 to avoid 2015 penalties), ICD-10 needs, and PQRS requirements all play a role.

21. What software will I need to upgrade to meet the 2014 Meaningful Use requirements?

A number of software applications will be updated to prepare for MU 2014 certification, and customers using this software will need to upgrade these solutions. These will be released at approximately the same time as CPS and CEMR. Examples include:

- Centricity Patient Portal 6.4 (also known as the Kryptiq portal)
- Centricity Clinical Messenger 6.4 (for SQL and Oracle) (also known as Centricity Integrated Secure Messaging)
- For ePrescribing, Centricity eScript Messenger 3.5 (Advanced ePrescribing)
- Centricity Patient Online 13.03
- CEMR-POL Secure Messaging 13.03
- Centricity Clinical Gateway 1.0

Please note: the certified version of the Kryptiq products are not compatible with CPS11 and CEMR 9.5, so customers must plan to upgrade both CPS/CEMR and the Kryptiq products at the same time, not in a staged fashion.

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1 Not compatible with CPS11 and earlier. Not compatible with CEMR 9.7 and earlier.
Clinical Quality Reporting

22. What can you tell me about GE Healthcare's MU 2014 reporting solution for meaningful use and quality measure reports?

GE Healthcare is moving to a cloud-based solution for meaningful use functional and quality measure reporting. For more information, please see the Clinical Quality Reporting (CQR) FAQ that is available on our Service Portal.

Link to CPS Service Portal: https://engage.gehealthcare.com/community/en/cps

Link to CEMR Service Portal: https://engage.gehealthcare.com/community/en/emr

23. So will Crystal reports and MQIC still be used for MU 2014?

No, CQR will replace the 2011 edition Meaningful Use and Quality Measure reports built in Crystal and MQIC. For more information, please see the CQR FAQ that is available on our Services Portal.

24. What Clinical Quality Measure reports will be available?

GE Healthcare plans to initially certify with 9 CQMs. Additional CQMs will follow after the initial release of CPS 12, CEMR 9.8 and CQR.

For more information, please see the CQR FAQ that is available on our Service Portal.

Link to CPS Service Portal: https://engage.gehealthcare.com/community/en/cps

Link to CEMR Service Portal: https://engage.gehealthcare.com/community/en/emr
Clinical Content

25. Can I continue to use my own clinical content to meet the MU 2014 requirements? Will GE Healthcare be updating CCC? My clinic currently uses many of our own forms, and I would like to begin assessing these for MU 2014.

GE Healthcare will be releasing an updated basic content package (CCC basic) that will capture the data required for Meaningful Use reporting. This CCC basic package will be provided with CPS 12 and CEMR 9.8 at no additional charge. The full set of CCC will be updated and released separately. For those who want to use their own forms, our documentation will list the observation terms and values that are used for meaningful use reporting in CQR so that they may ensure data collected by their forms is collected by the reports.

For more information, please see the CCC Basic FAQ that is available on our Service Portal.

Link to CPS Service Portal: https://engage.gehealthcare.com/community/en/cps

Link to CEMR Service Portal: https://engage.gehealthcare.com/community/en/emr

Workflow and Setup

26. What changes do I need to make in workflow or setup?

Our presentations at the Fall CHUG and our weekly webinars are introducing CPS 12 and CEMR 9.8 and will help practices prepare for the changes required. Information on and recordings of our webinars are located on our Service Portal. Draft hardware and software specifications are also available on the Service Portal. Look for our Meaningful Use User Guide in Q1.

27. Will we have the ability to discretely import problems, meds, and allergies?

Yes, through Clinical Reconciliation, you will be able to import, parse, and incorporate problems, meds, and allergies included in a standard CCDA.
**Miscellaneous**

28. Will CPS 12 and CEMR 9.8 allow for the e-prescribing of controlled substances?

No, we plan to address in a later version.

29. Will CPS 12 and CEMR 9.8 support ICD-10? Will ICD-9 still be supported?

Yes, CPS 12 and CEMR 9.8 support ICD-10 and continue to support ICD-9. (CPS 12 and CEMR 9.8 will feature the same progressive functionality introduced in CPS 11 to help ease the transition to ICD-10 while maintaining support for ICD-9. The ICD-10 codes come pre-loaded in the chart and a dynamic search engine maps correlating ICD-9 codes to ICD-10.)

Descriptions of future functionality reflect current product direction, are for informational purposes only and do not constitute a commitment to provide specific functionality. Timing and availability remain at GEHC’s description and are subject to change and applicable regulatory approvals.

Centricity Practice Solution v12.0 and Centricity EMR v9.8 are certified ONC 2014 Edition compliant complete and modular EHRs. For additional certification and transparency information, visit [www.gehealthcare.com/certifications](http://www.gehealthcare.com/certifications).