

Greetings,

According to C. Peter Waegemann (as quoted in *ADVANCE for Health Information Professionals*) the top eight desirable outcomes for an EHR are:

- More money
- Better competitiveness
- Remote working
- Easier reporting
- Workflow benefits
- Attracting more patients
- Better decision support
- Being better informed about current patients

Does your current system of clinical documentation and practice management achieve these goals? Archeon EMR Systems offers you an avenue to achieve all of these outcomes.

I want to take this opportunity to update you on the Archeon EMR product as we face the challenges of the upcoming changes in MRO reimburse-



Dr. Jerry Sheward
Vice President of Operations

ment and the “meaningful use criteria” allowing enhanced reimbursement for Medicare/Medicaid services. We believe Archeon represents an excellent option to address your rapidly changing needs for a compliant software suite, capable of staying ahead of regulatory

requirements and improving the efficiency of your clinical operations.

Archeon EMR software is an integrated clinical and practice management software package built for

multi-disciplinary CMHC practices and based upon MedInformatix’s award winning EMR/PM engine which is 2008 CCHIT certified for ambulatory care. It is ODBC and HL7 compliant; facilitating integration with other software/internet functionality. For more information see www.MedInformatix.com.

Archeon EMR software has been rolled out over PC, Citrix, Terminal Services, and hybrid platforms. It runs on industry standard Microsoft SQL server.

CURRENT HIGHLIGHTS:

1. Fully functional state reporting for current operations (see “State Reporting” on page 3).
2. Tested interfaces to eHealth and Zirmed clearing houses for electronic claims submission and remittance.
3. Full electronic prescribing module available with real time drug-drug interaction checking, eligibility and formulary checking.
4. Automated MRO and PRTF bundling, both outbound submissions and inbound remittance applications.
5. Person Centered Treatment planning functionality with integration of assessment data and progress noting.
6. Netbook compatible for case manager use in the field with full, real-time access to clinical and practice management functionality, without the security risk of hard-drives in the community.
7. Group scheduling and progress noting.

NEAR TERM DEVELOPMENTS/STANDARD UPGRADES:

1. Upgrade to MedInformatix EMR engine Version 7 in anticipation of ARRA meaningful use compliance by January 2011.
2. Medical input templates and E&M billing codes already present for primary care integration projects.
3. Basic state reporting functionality compatible with July 2010 requirements

ENHANCEMENT MODULES:

1. Optional enhanced state reporting module built, which will ascertain Level of Need (LON) based service pack and automatically enter pre-authorizations by service type and countdown those services as they are billed.
2. We are currently testing an interface to Indiana Health Information Exchange (IHIE) for automatic laboratory result entry and provider alerts to review results.

ANTICIPATED ENHANCEMENTS (3-9 MONTHS)

1. Integrated internet patient portal which will allow for online Rx refill requests, bi-directional secure messaging, scheduling, bill payment, pre-registration, outcome query management, all of which are necessary for “meaningful use” by January 2011.
2. Identify a co-development partner for creation of inpatient functionality within the Archeon/MedInformatix software suite.

ARCHEON DATA RESEARCH:

We are working towards the ability to:

- a. Create a HIPPA compliant de-identified database of clinical information for research

purposes thereby creating a potential revenue stream to end-users.

- b. Serve as a referral base of clients for various clinical research entities.
- c. Become a collaborative site for pharmaceutical trials research.
- d. Participate in the creation of a state-wide database of CMHC clinical data.

In the last six months the former Center for Mental Health in Anderson became users of Archeon’s software as part of the Aspire merger and Cummins Mental Health Center went live with their installation. This brings the total user base in Indiana to four installations and five legacy mental health centers. The Samaritan Center went live in 2005 and the Southwestern Center in 2007.

We welcome inquiries about our products and services and can arrange both in-person and internet based demonstrations of Archeon EMR capabilities. We are backed by the technical expertise of MedInformatix and can provide consultation concerning hardware requirements and workflow modification to take full advantage of the software’s features.

If you were not able to visit with us at the recent Indiana Council meeting, perhaps you’ll visit us on the web: ArcheonEMR.com. We would be happy to demonstrate the power of this application, either in person or via the web.

Sincerely,



Dr. Jerry Sheward



STATE REPORTING

Knowing that State Reporting is a key driver for both consumer care and funding, we are committed each year to providing our customers with a top-notch state reporting module. Our proven module provides a solid foundation for the upcoming changes in prior authorizations created by Level of Need. Clinicians have two main screens to enter state reporting data. There is a screen for CANS/ANSA and another screen for DARMHA data which we refer to as “the NOMS.”

CANS and ANSAs

The CANS and ANSAs are designed with three things in mind—speed, comprehension and feedback.

- 1. Speed:** Since these are long assessments, keep clicks and keyboard to mouse transitions at a minimum.
- 2. Comprehensive:** Include all information from the CANS/ANSA manuals including both short and long

score descriptions and guidelines. Users should not be required to carry a printed manual to accurately score CANS/ANSA.

- 3. Feedback:** Show scores from the previous assessment. Immediately provide a list of required questions and modules that have not been answered.

“NOMS” (DARMHA)

Submitting data to the state of Indiana is a process of sending eight types of data sets in the correct order. Archeon developed the NOMS with the goal of using only one additional data entry screen, not eight.

Questions	Answers
Date of these Outcome Measures	02/18/2010
Reason	Initial
Episode Status	Initial
Latino/Hispanic Ethnicity	Not Hispanic/Latino
Race	Asian
Currently Eligible for Food Stamps?	Y
TANF Status	Yes
Source of Referral	Individual/Self
- Legal Basis for Referral	Other
Is this Client a Veteran?	No
Disability	Deaf
Education Level	High School Grad/GED
Employment	6-10 hours
- Employment Detail	Other
Supported Employment	SE: part-time 6-10
Currently Pregnant?	N
# of Prior SA Treatment Episodes	2
# of Children receiving care	0
POLES (required of Age<18)	0
Living Arrangement	PRTF
Supported Housing	Y
# of Arrests in Last 30 days	0
IDD - Integrated Dual Dx Treatment	Yes, with fidelity
IMR - Illness Management and Recovery	Yes, with fidelity
SDGS - Last 12 months	System of Care?
System of Care? (required of Age<18)	
ACT2	

Medinformatix automatically starts and stops episodes, calculates HAP eligibility and agreement type, and analyzes the data for errors or missing information.

Eight different data sets are created from one screen, greatly simplifying the process for users. Extensive error reporting guides the user to complete the data set themselves, rather than relying on other staff to scrub the data for successful submission.

ADMINISTRATIVE FUNCTIONS

DARMHA formatted files are created on demand by clicking any of the links shown below. Simply click the link and submit the file. CANS and ANSA recommendations (Level of Need) are imported from this screen as well.

