How to Get Paid for Meaningful Use: 7 Tips from the EHR Trenches
Executive Summary

2012 is the last year for physician practices to receive the full Stage 1 Meaningful Use (MU) incentive payment, but practices still have time to achieve MU and get the full award if they go live by October 3. As of the end of December 2011, the Centers for Medicare and Medicaid Services (CMS) had reported that only 27% of registered providers had attested and qualified for Medicare payments, which indicates the level of difficulty involved in achieving Stage 1 certification. (Stage 2 measures have only recently been proposed, but they promise a considerable leap in difficulty compared to the measures required in Stage 1.) This whitepaper provides important advice on the difficulties involved in meeting Stage 1 requirements and how to overcome them.

athenahealth is in a unique position to advise practices on how to successfully work toward, and ultimately complete, Stage 1 MU attestation. Compared to the December 2011 national success rate of 27%, by December 81% of athenahealth clients registered for Medicare MU payments had attested and received, or were awaiting, their payments. Another 13% were just two measures short of attesting. While working with these clients and tracking performance across our cloud-based network, we learned a number of valuable lessons about what it takes for any EHR vendor to deliver measurable results on Meaningful Use for its clients. Judging from our experience, your vendor should:

1. Have “skin in the game” by guaranteeing Stage 1 Medicare MU incentive payments for eligible providers who follow their guidance;

2. Provide free training and support on how to fulfill the MU measures and monitor results;

3. Update your software continuously to include new measures and workflow changes at no extra cost to you;

4. Provide free, real-time reporting to help track and assess provider performance against measures;

5. Build all 44 MU clinical quality measures into a workflow where they can be captured more easily;

6. Provide the required interfaces for free and without interruption; and

7. Provide free attestation support and guidance when it comes time to attest.

If your vendor does not provide this level of support, the process of MU attestation may be much more difficult and costly than your practice can afford—and perhaps even impossible to achieve. However, important as it is to work with a vendor that can successfully enable you to achieve MU, it is also important not to choose a vendor solely on this basis. The right vendor must also be able to help your practice achieve all of your other financial and clinical goals over the long term, after MU payments have become a distant memory.
Meaningful Use: Learning From Experience

According to the Centers for Medicare and Medicaid Services (CMS), its electronic health record (EHR) Incentive Programs “provide a financial incentive for the ‘meaningful use’ of certified EHR technology to achieve health and efficiency goals...” and help providers “reap benefits beyond financial incentives—such as reduction in errors, availability of records and data, reminders and alerts, clinical decision support, and e-prescribing/refill automation.” Health care improvement is important to health care providers, and for those seeing dwindling profits, financial incentives are important, too.

One way to view the Meaningful Use (MU) incentive program is as another pay-for-performance (P4P) program, but one with higher stakes and a broader range of goals than any other P4P program. With the move toward accountable care and performance-based reimbursement, the ability of an EHR to deliver results against programmatic goals is essential.

2012 is the last year for physician practices to receive the full Stage 1 Meaningful Use (MU) incentive payment, but practices still have time to achieve MU and get the full award if they go live by October 3. The national record for achieving Stage 1 measures in Year One is not stellar, but those who pursued MU in 2011 give us the first glimpse into how providers experienced the program. As of December 2011, only 33,240 of the 123,921 providers who registered for Year One Medicare MU benefits, or 27%, had actually attested and received payment. The requirements of Stage 2 attestation, which as of this writing have yet to be finalized by CMS, are expected to be significantly more demanding than those of Stage 1, so it is important to make Stage 1 preparation scalable to those greater demands.

Practices that have held off from completing the transition to MU—or starting it—should profit from the lessons learned by successful—and unsuccessful—practices and their vendors during 2011. For example, compared to the national average of 27% of registered providers attesting by December 2011, athenahealth had at the same point helped 81% of its registered provider clients attest for the Medicare program during Year One, while 13% of its registered clients were just two measures away from attesting. (As of March 2012, the attestation rate for 2011 participants has risen to 85%. ) 100% of athenahealth clients—registered or not—were working with a MU-certified EHR (whereas many eligible providers have uncertified EHRs and must undertake extensive upgrades to achieve certification). With this record of success, athenahealth is in a unique position to advise providers on what it takes to succeed with MU and what your vendor’s role should be in ensuring your success.

Don’t Try to Go It Alone

Attesting for MU is not just a matter of adopting new technology; it demands a cultural change within most practices, requiring that providers and staff adapt to new requirements, new workflows, new ways of relating to patients, new kinds of data, and so on. For many practices, this is a sea change that severely taxes patience and energy.

For this reason, it is nearly impossible for an individual provider or practice to go it alone. In order to attest successfully, you must get the right information into your system—and out of it—and be able to track if you’re making progress toward meeting each program measure. Since you have enough to do managing your practice day to day, it is ideal to have someone else managing this process and working with the government for you, someone with significant experience helping practices prepare to attest, that has a working relationship with CMS, that can consistently make it easier for you to maximize revenue and outcomes. An outside source can
also provide objective guidance and benchmarking on how your workflow needs to change in order to accomplish MU, analyzing and interpreting your specific data as well as leveraging insight gained from working with many other providers.

You can hire an expensive consultant to do all this, but the right vendor should be able to build the required process changes directly into your practice's workflow and provide insight into your use of them. For example, after finding that practice staff members were slow to begin capturing MU-required demographics, athenahealth made existing demographics fields required and provided front desk staff (who may be uncomfortable asking questions about race and ethnicity) with coaching and other aids to help them adapt to the change. Your vendor should also have the experience to work effectively with government agencies and the technical expertise to connect you with the immunization registries, labs, and other providers you must connect with in order to attest for MU.

What to Look for in a Meaningful Use Vendor

Even if you have invested in a system that is ONC-certified, it may not provide you with all the functionality—not to mention the coaching and support—that will be required of you to achieve MU. In

Stage 1 MU Measures in a Nutshell

MU requires that providers meet the requirements for 15 core measures and 5 out of 10 menu measures for a continuous 90-day period.

Core measures that you should be able to perform:

1. Record demographics for 50% of patients.
2. Record vital signs for 50% of patients.
3. Computerized Provider Order Entry (CPOE) for 30% of patients.
4. Electronically transmit prescriptions (eRx) for 40% of prescriptions.
5. Maintain an active medication list for 80% of patients.
6. Maintain an active medication allergy list for 80% of patients.
7. Record smoking status for 50% of patients.
8. Maintain up-to-date problem list for 80% of patients.
9. Provide an electronic copy of health information for 50% of patient requests.
10. Provide clinical summaries for 50% of patient office visits.

Core measures that your vendor should satisfy on your behalf:

1. Implement a clinical decision support rule.
2. Test exchange of clinical data with a patient-authorized entity.
3. Implement drug-drug and drug-allergy check functionality.

Menu measures that you should be able to perform:

1. Medication reconciliation for 50% of relevant encounters.
2. Provide patient education materials for 10% of patients.
3. Timely electronic access to health information for 10% of patients.
4. Send preventive/follow-up reminders to 20% of patients (not recommended).
5. Provide transition of care summary for 50% of patient transitions (not recommended).
6. Run a list of patients by condition.

Menu measures that your vendor should satisfy on your behalf:

1. Capture structured data for 40% of lab results.
2. Implement drug formulary functionality.
3. Submit electronic data to immunization registries.
4. Submit electronic syndromic surveillance data to public health agencies.
the “On Health Care Technology” blog in August 2011, Margalit Gur-Arie stated that, “After a close look at the certification criteria for EHR software, my conclusion was that ‘Physicians need to understand, and ONC needs to clarify, that although required by CMS, ONC EHR certification does not guarantee availability of all EHR features and functionalities required to achieve Meaningful Use.’ The problems range from rampant software defects to impossible workflows to plain missing functionality.”

For example, few vendors support all of the CMS quality measures that specialists might choose. And not all vendors integrate the ability to meet measures/requirements into the daily patient encounter workflow, to insure that you are meeting MU criteria with each patient.

Aside from capabilities, there is also the issue of hidden costs. Many vendors are charging additional fees for services such as training, performance reporting, and support, and for providing lab, registry, and care coordination connections. Others may not even be willing to build interfaces, requiring practices to hire outside tech help to build them—at a cost that could negate the value of incentive payments. Be sure that your vendor is providing you with the whole package for a set fee.

In order to achieve MU without undue cost and pain, you must be certain that your vendor’s system and services will enable you do everything you need to do to meet each Stage 1 MU measure—and ultimately the measures for all three stages of the program—at a reasonable cost to you. Your vendor ought to:

1. Put “skin in the game” by guaranteeing Stage 1 Medicare MU incentive payments for eligible providers.
2. Provide free training and support on how to fulfill the MU measures and monitor results.
3. Update your software continuously to include new measures and workflow changes at no extra cost to you.
4. Provide free, real-time reporting to help track and assess provider performance against measures.
5. Build all 44 MU clinical quality measures into a workflow where they can be captured more easily.
6. Provide the required interfaces for free and without interruption.
7. Provide free attestation support and guidance when it comes time to attest.

In this whitepaper, we will examine each of these capabilities and show why they are essential to achieving MU attestation as painlessly as possible.

**1. Put “skin in the game” by guaranteeing Stage 1 Medicare MU incentive payments for eligible providers.**

It is one thing for a vendor to say they will help providers get MU payments; it’s another thing altogether to guarantee it. Will your vendor guarantee you’ll meet MU requirements and do whatever it takes to uphold their commitment—or do they just guarantee that their software has passed ONC certification (along with the 700 other EHRs that have been certified) and leave it up to you to figure out how you will meet the requirements?

When looking for an EHR vendor, you must, of course, ensure that the product is designed to meet government criteria. But that’s just the first and easiest step. Having all the necessary functionality to meet MU measures is important, but meeting them is a complex process that requires ongoing support. Too many vendors just make a software sale and walk away, or require you to pay them to support you during the MU process.
A vendor that is on top of the MU situation will lead you in the right direction and stay with you until you cross the finish line—however long that takes. They will work with you along the way, helping you adapt their system to meet your needs.

2. **Provide free training and support on how to fulfill the MU measures and monitor results.**

Providers do not have the time to become experts on how to fulfill MU measures (or the details of all other P4P programs), so they must rely on an organization that has that expertise. You can pay an expensive consultant to walk you through the MU attestation requirements, train your staff, and coach you through the process of changing your procedures to meet those requirements. But any vendor that has been dealing with a large number of providers attempting to attest for MU ought to have a deep reservoir of knowledge and expertise about the process. And that knowledge and experience ought to be made available to your providers as a standard part of the service. After all, if your vendor is guaranteeing your incentive, their goal ought to align with yours: to get you to attestation efficiently and successfully.

Your system should have the ability to enter data to meet MU measures and produce reports to mark progress and point up where meeting measures is lagging. Both providers and staff will require training and support on these procedures. Providers and staff will also require training and support on adjusting their work habits to routinely take actions to meet measures. In order to ensure your success, your vendor should not only make training and support available at no cost, but should also monitor how successfully your organization is responding to the training and provide coaching on how to improve.

Dr. Reavis T. Eubanks, a 65-year-old surgeon and primary care physician in Asheville, N.C, provides a good example of how proper support can make a difference. Though Dr. Eubanks only began transferring his charts to athenaClinicals, athenahealth’s cloud-based EHR service, in early 2011, he decided to pursue Stage 1 Medicare MU payments in 2011. He attended every athenahealth MU webinar, used its Resource Center, and

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**A Well-Organized System Leads to MU Success**

“There was a lot of resistance to Meaningful Use initially,” says Kerin Joyce, director of Practice Operations and EHR for Mount Auburn Professional Services. “Any time you introduce a new program that requires the physicians to do more...especially not knowing a lot about it, it’s anxiety provoking.” Following the guidance provided by athenahealth, the practice got organized, made a plan, and executed, communicating with each other regularly along the way.

athenahealth also provided a technological edge. “What we quickly realized was that with our existing routines, we were already collecting the necessary information,” says Dr. Leslie MacDonald, an OB/GYN physician. Joyce concurs. “Because we were looking at the Pay-for-Performance dashboard regularly...as soon as we were ready to attest, the dashboard would tell us we’re ready to attest,” she says. “And from there our EHR associate would go into the practice and work with the physician to get the proxy number. And then we left it in athena’s hands to submit the data on our behalf and go through the attestation process.”

The final result was an incentive check for up to $18,000 for each physician who pursued and attested to Stage 1 Medicare MU.
followed every step athenahealth recommended for fulfilling and recording measures. As a result, he attested to the Stage 1 measures at the end of June 2011 and received an $18,000 check. That's less than six months from implementation to Meaningful Use.

3. **Update your software continuously to include new measures and workflow changes at no extra cost to you.**

Stage 1 MU measures have required ongoing clarification, and Stage 2 measures are still in flux. In addition, as health care system vendors have learned how best to handle and report on the data required to meet these measures, and as they receive updated guidance from CMS, they must adapt their systems to accommodate what they’re learning. Your vendor should also consistently monitor your behavior and results (and those of your peers) and make the necessary system changes for you.

For some vendors, this requires upgrades and patches that must be implemented by practices and often cost them extra. Only cloud-based systems are nimble enough to track performance across an entire network of providers and implement changes in real-time to the benefit of all. The beauty of a cloud-based system is that changes can be implemented quickly and inexpensively. You should also be able to conveniently access everything you need to meet MU measures through the system you use every day.

For example, as athenahealth continually updates its system to take advantage of what it is learning across an entire network of clients pursuing MU attestation. The quality manager at one athenahealth MU beta practice has remarked that, “There was a lot of collaboration. They listened to what we said about the kind of information we needed from the system to quantify our measures. And they designed in a lot of automatic satisfying of measures.” athenahealth was also able to respond when its clients struggled with the core measure requiring that patients be provided clinical summaries for each patient visit. athenahealth incorporated reminders into the daily clinical workflow and enabled providers to make secure electronic copies of clinical summaries available to their clients, driving significant improvements on this measure network-wide. Only a cloud-based system can be this responsive to provider needs—and to changes in government requirements, such as those that will be made for MU Stage 2.

4. **Provide free, real-time reporting to help track and assess provider performance against measures.**

Once your system and workflow for meeting MU measures are in place (and your system should integrate the process of meeting measures into the clinical workflow), you need a way to track progress and provide feedback to providers on their performance. This information should be accessible and clear, making it easy for providers and staff members to see, at any given moment, how well they are progressing toward satisfying each measure for which they are responsible. You also need insight into where you are failing and the tools necessary to remedy those failures immediately.

Many systems will allow you to run reports periodically, but ideally your system should provide a real-time dashboard view of how every provider in your practice is performing against specific measures. And providers should not be required to seek out this information. It should be presented on an ongoing basis within the clinical system they work with every day, identifying performance gaps early enough for them to address those gaps. The more easily and frequently that information is available, the greater its impact will be.

And positive feedback is as useful or more useful than negative feedback (see sidebar: “The Motivational Power of the Feedback Loop”). It can make reticent participants more enthusiastic, because they see the effect their actions are having on the quality of care. One practice quality manager reports that providers who
were once less than enthusiastic about MU now come to her asking for help figuring out why their numbers are down on certain measures and how they can improve them in order to improve care.

5. **Build all 44 MU clinical quality measures into a workflow where they can be captured more easily.**

One of the biggest headaches of MU qualification is capturing and reporting CMS quality measures. While primary care physicians are likely to select the six basic measures, other physicians may find that those measures are not applicable to their specialty. Without an easy way to perform the tasks and automatically compile the data for all measures, providers can find themselves overwhelmed or slowed down by the process. This is a place where your vendor’s assistance is essential. Be certain that your system is certified on as many measures as possible. The majority of systems are certified on only six to nine measures, leaving providers with the onerous task of finding ways to satisfy any of the other 32-35 measures that best fit their specialty, shoehorning required tasks into their workflow and manually recording and compiling required data. In fact, your vendor should ensure that our system has the measures that are clinically relevant for your specialty.

Not only should the ability to satisfy measures be an integral part of the clinical system, but the system should also give providers and staff reminders to gather required data and make it easy for them to input

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**The Motivational Power of a Feedback Loop**

“The true power of feedback loops is not to control people but to give them control. It's like the difference between a speed trap and a speed feedback sign—one is a game of gotcha, the other is a gentle reminder of the rules of the road. The ideal feedback loop gives us an emotional connection to a rational goal.”

—“Harnessing the Power of Feedback Loops,” Thomas Goetz, Wired, June 19, 2011

In order to successfully attest for CMS MU payments, providers must be able to follow their progress toward fulfillment of each of the measures—such as, in Stage 1, having 80% of their patients’ demographics recorded, 50% of their patients provided with health information electronically, and 40% of their prescriptions transmitted electronically. A clinical system that enables you to mark progress on each measure on an ongoing basis provides not only the practical benefit of knowing where each provider stands, but the motivational benefit of a closed loop feedback system.

Because getting to the point of being able to attest for MU demands that providers adapt to new procedures and new demands and form new habits, the process can be challenging. A system that enables a provider to see his or her individual progress toward achieving each measure provides a powerful motivator. Like the graphic thermometers used to chart progress toward a fundraising goal, the data delivered by such a system provides motivational boosts on an ongoing basis until the measure has been satisfied.

In order to smooth your providers’ path to attesting, be sure to choose a vendor that can provide you with this important feedback in an easily accessible form.
that data by inserting it into the workflow at the appropriate time for the appropriate person—providing menu choices whenever possible to simplify the task. Measures should be embedded in the workflow where they are easiest to capture—most of them outside the exam stage by staff, creating efficiencies and freeing providers to focus on patient care without being slowed down.

Your system should also give providers a real-time report on how far you've gone toward satisfying each measure that is part of the clinical process. In short, performing MU-required tasks and recording MU-provided data should not slow down the clinical process. Providers’ time is too precious to waste.

6. **Provide the required interfaces for free and without interruption.**

A highly complex aspect of MU requirements is the necessity to establish interfaces with other health care providers, labs, and immunization registries for public health reporting and care coordination. Most vendors only offer the establishment and maintenance of these interfaces as an additional and costly service. But this requirement is integral to Stage 1 Medicare attestation and will become even more important and more complex in Stage 2. Paying for this service on an ongoing basis could be prohibitive, so having it provided by the vendor will not only save you a significant amount of money, but will ensure that the connections are kept up to date and additional ones added as necessary.

The most problematic connections are those with syndromic and immunization registries. First, not all states have them (in which case the measure will be excluded from a provider’s MU requirements), and, second, they are not always easy to locate. Some are maintained at the state level, but others are at the county level. Here again, the vendor should take this responsibility off the provider’s hands.

This is why, for example, when athenahealth found out that the US government did not have a comprehensive list of syndromic and vaccine registries, it worked with various government agencies to find all of them in every state where it had providers pursuing meaningful use (and will establish them in any state where a new provider is added). athenahealth sought out and connected 36 registries in 33 states to the athenaNet cloud, making them instantly available to all clients in those states. All but one of athenahealth’s providers have been able to either satisfy the measure or claim an exclusion because they do not perform vaccinations or are in a state with a non-functioning registry.

7. **Provide free attestation support and guidance when it comes time to attest.**

The process of ensuring that a provider has fulfilled all of the requirements and is ready to attest involves comparing the provider’s recorded performance against the requirements of each measure. Your system ought to provide a mechanism—a report, a dashboard—for making this comparison readily and ensuring that all requirements have been met. This includes the requirements, some of which have been discussed above, that the vendor is meeting on the provider’s behalf. The system should notify you when you have met all your requirements and need to take action to receive your incentive.

Once everything is in order, each provider must attest individually. Though this process may only take twenty minutes to a half hour per provider, for large practices this constitutes a significant amount of billable time. One athenahealth client realized that, with 215 providers in their health care system, attestation would have cost them 70 hours of billable time. Since CMS has made it possible for vendors to act as proxies for providers, vendors can save their clients time and hassle by attesting for them. Besides saving time, this service also makes it more likely that the attestation form will be filled out correctly, since a vendor providing the service will have an ongoing relationship with CMS, significant experience attesting, and strong quality assurance processes in place.
Making Meaningful Use Meaningful

The ultimate purpose of achieving MU is to improve health care outcomes and reduce costs, but this purpose can easily get lost when providers are overwhelmed by the demands of process change and data capture that achieving MU requires. This is why it is essential to work with an experienced vendor that has integrated MU measures into its software, that truly partners with providers in achieving MU by taking on as much of the work as possible, and that has demonstrated its ability to help providers succeed at attesting.

After all, you were running a practice before MU came along, and presumably you haven’t suddenly found a lot of free time that you can dedicate to meeting MU measures and documenting the fact that you’ve done it. This kind of day-to-day support enables you to look beyond the demands of MU measures and focus on the results those measures can achieve for your practice and your patients.

And because the MU incentive program is a P4P program, successfully achieving MU will position your practice to take advantage of other P4P programs and incentive opportunities, which require gathering similar kinds of data. As health care reform changes the landscape, there will be a much greater focus on outcomes for driving revenue, so you will need an EHR solution with a track record of delivering better outcomes—not just features and functions.

Important as it is to work with a vendor that can truly act as a partner in your quest for MU attestation, however, it is also important not to choose a vendor solely for this reason. The vendor that provides you with billing, practice management, and EHR services must also be one that can help your practice achieve all of its other financial and organizational goals over the long term, after MU payments have become a distant memory.

What about the Medicaid MU Program?

As it seems to be developing, the Medicaid Year 2 MU program is likely to mirror the Medicare Year 1 MU program to a great degree.* Therefore, any vendor that has successfully helped its clients achieve Medicare Year 1 MU attestation is well-positioned to help practices achieve Medicaid Year 2 attestation.

If you are planning Medicaid Year 2 attestation, you need a vendor that:

- Is proactively working with state Medicaid programs to identify when their programs will start, what those programs will look like, and what the attestation process will be.
- Reaches out to clients to keep them informed of program specifics and start dates.
- Has a cloud-based service that allows quick implementation of each state’s specific program for all providers within that state at the same time.
- Does not require state-specific patches and upgrades.
- Is able to measure your performance on all measures and help you improve processes and workflows.
- Has built a practice program that provides as much Medicaid Year 2 MU functionality as possible before states make their individual decisions about program design—enabling you to hit the ground running when your state’s program opens.
- Will, where possible, attest on behalf of clients.

* For Medicaid Year 2, states can design their program up to the CMS limits defined in Year 1, meaning they cannot exceed the 90-day reporting period or the thresholds for the individual measures. States can pick and choose which measures they will use, but athenahealth's feedback from the states so far indicates they will mirror the Medicare Year 1 program.
**athenahealth: A Proven Approach to Getting Paid for Meaningful Use**

athenahealth’s cloud-based practice management, EHR, and care coordination services offer a proven model for securing MU and other pay-for-performance incentives. As of March 2012, an industry-leading 85% of our eligible providers had attested for MU. athenahealth both relieves your providers of more tasks and makes the entire process less costly than any other vendor.

As a cloud-based service, athenahealth is unique in the industry for its ability to track each provider against every Meaningful Use measure and optimize workflows to the benefit of all providers on the network. We are also the only vendor to publicly display its clients’ ongoing level of struggle and success with achieving MU. We display the percentage of our clients who have succeeded in achieving specific measures and attesting. Our Meaningful Use Dashboard, which shows our clients’ level of success on each of the MU measures, is available at athenahealth.com/MU. Figure 1 illustrates the progress made by our clients from May 2011 to December 2011.

**Figure 1. athenahealth client Meaningful Use performance from May (light green, yellow, red) to December (dark green) 2011**

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<thead>
<tr>
<th>Measure</th>
<th>May 2011</th>
<th>December 2011</th>
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<tbody>
<tr>
<td>1. Implement one clinical decision support tool</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2. Report ambulatory clinical quality measures</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>3. Use CPOE for medication orders</td>
<td>93.0%</td>
<td>99.6%</td>
</tr>
<tr>
<td>4. Maintain active medication list</td>
<td>88.2%</td>
<td>99.2%</td>
</tr>
<tr>
<td>5. Maintain active medication allergy list</td>
<td>82.1%</td>
<td>98.7%</td>
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<tr>
<td>6. Record vital signs</td>
<td>68.2%</td>
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<td>7. Record demographics</td>
<td>23.8%</td>
<td>99.9%</td>
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<tr>
<td>8. Provide clinical summaries</td>
<td>6.4%</td>
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To learn more about how athenahealth can guarantee* and help you secure your Meaningful Use dollars, please visit www.athenahealth.com or call 800.981.5084.

* As a service-based EHR, our monthly fee is the only payment we receive from our clients for our EHR. If you don’t receive the Federal Stimulus reimbursement dollars for the first year you qualify, we will credit you 100% of your EHR service fees for up to six months until you do. This offer applies to HITECH Act reimbursement payments only. Additional terms, conditions, and limitations apply.
Endnotes


At athenahealth we offer the leading cloud-based practice management, EHR, and care coordination services that help medical groups get more money and more control of patient care. To learn how our services can help your organization, contact us at 866.817.5738 or athenahealth.com.