

**MEDITECH's MAGIC v5.66 Receives ONC-ACB
Modular Certifications by Drummond Group**

August 2, 2013 -- Canton, MA USA -- MEDITECH's MAGIC v5.66 has been tested and certified under the Drummond Group's Electronic Health Records Office of the National Coordinator Authorized Certification Body (ONC-ACB) program. This EHR software is compliant in accordance with the criteria adopted by the Secretary of the U.S. Department of Health and Human Services.

Drummond Group's ONC-ACB certification program certifies that EHRs meet the meaningful use criteria for either eligible provider or hospital technology. In turn, healthcare providers using the EHR systems of certified vendors are qualified to receive federal stimulus monies upon demonstrating meaningful use of the technology – a key component of the federal government's push to improve clinical care delivery through the adoption and effective use of EHRs by U.S. healthcare providers.

MEDITECH's MAGIC v5.66, which met the requirements for EHR Certification, is Modular EHR certified for:

- MEDITECH MAGIC Electronic Health Record Core HCIS v5.66
- MEDITECH MAGIC Data Repository v5.66
- MEDITECH MAGIC Emergency Department Management v5.66
- MEDITECH MAGIC Continuity of Care Interface (CCI) Suite v5.66
- MEDITECH MAGIC Electronic Laboratory Results to Ambulatory Providers Interface v5.66
- MEDITECH MAGIC Patient and Consumer Health Portal v5.66
- MEDITECH MAGIC Public Health Interfaces v5.66.

These Modular EHRs are 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments.

MEDITECH, 08/02/13, MEDITECH MAGIC Electronic Health Record Core HCIS v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1801-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(a)(1-17) (b)(1, 3, 4, 5) 170.314(d)(1-9) 170.314(f)(1) 170.314(g)(2, 3, 4)	No Clinical Quality Measures tested	DrFirst for e-prescribing
MEDITECH, 08/02/13, MEDITECH MAGIC Data Repository v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1802-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(c)(1-3) 170.314(g)(2, 4)	CMS30v1, CMS32v1, CMS53v1, CMS55v1, CMS60v1, CMS71v1, CMS72v1, CMS73v1, CMS91v1, CMS100v1, CMS102v1, CMS104v1,	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66, MS SQL Server

	CMS105v1, CMS107v1, CMS108v1, CMS109v1, CMS110v1, CMS111v1, CMS114v1, CMS190v1	
MEDITECH, 08/02/13, MEDITECH MAGIC Emergency Department Management v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1803-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(a)(1-17) (b)(1, 3, 4, 5) 170.314(d)(1-9) 170.314(f)(1) 170.314(g)(2, 3, 4)	No Clinical Quality Measures tested	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66, DrFirst for e-prescribing
MEDITECH, 08/02/13, MEDITECH MAGIC Continuity of Care Interface (CCD) Suite v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1800-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(b)(1, 2, 4, 7) 170.314(g)(2, 3, 4)	No Clinical Quality Measures tested	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66
MEDITECH, 08/02/13, MEDITECH MAGIC Electronic Laboratory Results to Ambulatory Providers Interface v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1806-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(b)(6), 170.314(g)(2, 4)	No Clinical Quality Measures tested	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66
MEDITECH, 08/02/13, MEDITECH MAGIC Patient and Consumer Health Portal v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1804-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(e)(1) 170.314(g)(2, 4)	No Clinical Quality Measures tested	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66
MEDITECH, 08/02/13, MEDITECH MAGIC Public Health Interfaces v5.66, EHR Module is 2014 Edition compliant, Certificate No. 08022013-1805-1		
Certification Criteria Tested	Clinical Quality Measures Tested	Additional software used
170.314(f)(2, 3, 4) 170.314(g)(4)	No Clinical Quality Measures tested	MEDITECH MAGIC Electronic Health Record Core HCIS v5.66

2014 Edition Pricing Transparency

[MEDITECH MAGIC v5.66 Pricing Transparency Statement.](#)

About MEDITECH

MEDITECH has been the leader in the EHR industry since 1969. MEDITECH's applications unify clinical, administrative, and financial information across a health care organization, including acute care, long-term care, home health care, and physician practices. Today, more than 2,300 institutions worldwide use MEDITECH's information systems. For additional

information on MEDITECH products and services, visit <http://home.meditech.com/en/d/home/>.

About Drummond Group Inc.

Drummond Group Inc. is a global software test and certification lab that serves a wide range of vertical industries. In healthcare, Drummond Group tests and certifies Controlled Substance Ordering Systems (CSOS), Electronic Prescription of Controlled Substances (EPCS) software and processes, and Electronic Health Records (EHRs) – designating the trusted test lab as the only third-party certifier of all three initiatives designed to move the industry toward a digital future. Founded in 1999, and accredited for the Office of the National Coordinator HIT Certification Program as an Authorized Certification Body (ACB) and an Authorized Test Lab (ATL), Drummond Group continues to build upon its deep experience and expertise necessary to deliver reliable and cost-effective services. For more information, please visit <http://www.drummondgroup.com> or email DGI@drummondgroup.com.

Legend

Criterion #	Certification Criterion Name
§170.314(a)(1)	Computerized provider order entry
§170.314(a)(10)	Drug-formulary checks
§170.314(a)(11)	Smoking status
§170.314(a)(12)	Image results
§170.314(a)(13)	Family health history
§170.314(a)(14)	Patient list creation
§170.314(a)(15)	Patient-specific education resources
§170.314(a)(16)	Electronic medication administration record
§170.314(a)(17)	Advance directives
§170.314(a)(2)	Drug-drug, drug-allergy interactions checks
§170.314(a)(3)	Demographics
§170.314(a)(4)	Vital signs, body mass index, and growth charts
§170.314(a)(5)	Problem list
§170.314(a)(6)	Medication list
§170.314(a)(7)	Medication allergy list
§170.314(a)(8)	Clinical decision support
§170.314(a)(9)	Electronic notes
§170.314(b)(1)	Transitions of care – receive, display and incorporate transition of care/referral summaries
§170.314(b)(2)	Transitions of care – create and transmit transition of care/referral summaries
§170.314(b)(3)	Electronic prescribing
§170.314(b)(4)	Clinical information reconciliation
§170.314(b)(7)	Data portability
§170.314(c)(1)	Clinical quality measures – capture and export
§170.314(c)(2)	Clinical quality measures – import and calculate
§170.314(c)(3)	Clinical quality measures – electronic submission

§170.314(d)(1)	Authentication, access, control, and authorization	
§170.314(d)(2)	Auditable events and tamper-resistance	
§170.314(d)(3)	Audit report(s)	
§170.314(d)(4)	Amendments	
§170.314(d)(5)	Automatic log-off	
§170.314(d)(6)	Emergency access	
§170.314(d)(7)	End-user device encryption	
§170.314(d)(8)	Integrity	
§170.314(d)(9)	Accounting of disclosures	
§170.314(f)(1)	Immunization information	
§170.314(f)(2)	Transmission to immunization registries	
§170.314(f)(3)	Transmission to public health agencies – syndromic surveillance	
§170.314(f)(4)	Transmission of reportable laboratory tests and values/results	
§170.314(g)(1)	Automated numerator recording	
§170.314(g)(2)	Automated measure calculation	
§170.314(g)(3)	Safety-enhanced design	
§170.314(g)(4)	Quality management system	
Inpatient Clinical Quality Measures Measure		
	Domain	NQF #
CMS9 Exclusive Breast Milk Feeding	Clinical Process/Effectiveness	NQF 0480
CMS26 Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver	Patient & Family Engagement	NQF 0338
CMS30 AMI-10 Statin Prescribed at Discharge	Clinical Process/Effectiveness	NQF 0639
CMS31 EHDI-1a - Hearing screening prior to hospital discharge	Clinical Process/Effectiveness	NQF 1354
CMS32 ED-3-Median time from ED arrival to ED departure for discharged ED patients.	Care Coordination	NQF 0496
CMS53 AMI-8a- Primary PCI Received Within 90 Minutes of Hospital Arrival	Clinical Process/Effectiveness	NQF 0163
CMS55 Emergency Department (ED)-1 Emergency Department Throughput – Median time from ED arrival to ED departure for admitted ED patients	Patient & Family Engagement	NQF 0495
CMS60 AMI-7a- Fibrinolytic Therapy Received Within 30 minutes of Hospital Arrival	Clinical Process/Effectiveness	NQF 0164
CMS71 Stroke-3 Ischemic stroke – Anticoagulation Therapy for Atrial Fibrillation/Flutter	Clinical Process/Effectiveness	NQF 0436
CMS72 Stroke-5 Ischemic stroke – Antithrombotic therapy by end of hospital day two	Clinical Process/Effectiveness	NQF 0438
CMS73 VTE-3 VTE Patients with Anticoagulation OverlapTherapy	Clinical Process/Effectiveness	NQF 0373
CMS91 Stroke-4 Ischemic stroke – Thrombolytic Therapy	Clinical Process/Effectiveness	NQF 0437

CMS100 AMI-2-Aspirin Prescribed at Discharge for AMI	Clinical Process/Effectiveness	NQF 0142
CMS102 Stroke-10 Ischemic or hemorrhagic stroke – Assessed for Rehabilitation	Care Coordination	NQF 0441
CMS104 Stroke-2 Ischemic stroke – Discharged on anti-thrombotic therapy	Clinical Process/Effectiveness	NQF 0435
CMS105 Stroke-6 Ischemic stroke – Discharged on Statin Medication	Clinical Process/Effectiveness	NQF 0439
CMS107 Stroke-8 Ischemic or hemorrhagic stroke – Stroke education	Patient & Family Engagement	NQF 0440
CMS108 Venous Thromboembolism (VTE)-1 VTE prophylaxis	Patient Safety	NQF 0371
CMS109 VTE-4 VTE Patients Receiving Unfractionated Heparin (UFH) with Dosages/Platelet Count Monitoring by Protocol (or Nomogram)	Clinical Process/Effectiveness	NQF 0374
CMS110 VTE-5 VTE discharge instructions	Patient & Family Engagement	NQF 0375
CMS111 ED-2 Emergency Department Throughput – admitted patients – Admit decision time to ED departure time for admitted patients	Patient & Family Engagement	NQF 0497
CMS113 PC-01 Elective Delivery Prior to 39 Completed Weeks Gestation	Clinical Process/Effectiveness	NQF 0469
CMS114 VTE-6 Incidence of potentially preventable VTE	Patient Safety	NQF 0376
CMS171 SCIP-INF-1 Prophylactic Antibiotic Received within 1 Hour Prior to Surgical Incision	Patient Safety	NQF 0527
CMS172 SCIP-INF-2-Prophylactic Antibiotic Selection for Surgical Patients	Efficient Use of Healthcare Resources	NQF 0528
CMS178 SCIP-INF-9- Urinary catheter removed on Postoperative Day 1 (POD1) or Postoperative Day 2 (POD2) with day of surgery being day zero.	Patient Safety	NQF 0453
CMS185 Healthy Term Newborn	Patient Safety	NQF 0716
CMS188 PN-6- Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients	Efficient Use of Healthcare Resources	NQF 0147
CMS190 VTE-2 Intensive Care Unit (ICU) VTE prophylaxis	Patient Safety	NQF 0372