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**As a healthcare facility, are you aware of the benefits of the HITECH ACT?**

**You qualify for a \$ 44,000 incentive for digitizing medical records**

The American Recovery and Reinvestment Act of 2009 (February 17, 2009) provides for a reimbursement plan in relation to **Electronic Health Records (EHR)**, the guidelines for Medicare and Medicaid are drafted to encourage the healthcare industry for a voluntary switch over to electronic medical/health records (EMR/EHR).

The efforts for **digitizing health records** have received modest response since 2004 and the Obama administration in an effort to solicit better cooperation from the health care industry, has announced measures offering incentives to physicians that would, over a period of five years provide them \$ 44,000 as grants. This grant will be linked to the amount of treatment provided under Medicare.

The physicians are required to provide records of filings and the dollars received in order to qualify for the grant, the specifics however are yet to be defined. **The Physicians will be able to receive the payments from the 1st of January 2011**, and these will continue until 2015, although on a diminishing scale. The payments will be awarded in the form of bonuses which will be based on the amount of Medicare services performed.

The grant for 2011 can accumulate to as much as 75% of an allowable \$ 24,000 in charges permissible per physician. The Doctors serving in designated "health professional shortage" areas are allowed an additional 10%.

The practitioners that do not use the systems in a "meaningful way" in 2015 will not be allowed incentives, but in 2016 penalties will be applied against the Medicare fee schedule, the table will be as follows.

- 2015:** 99% reduction of the regular fee schedule
- 2016:** this will be reduced to 98%
- 2017** and subsequent years the standard reduction will be 97%

In case the Secretary finds that fewer than 75% of eligible healthcare professionals are using the EMR/HER in 2018, the fee schedule can reduce to 96% and to 95% in the following years.

**The Schedule for Medicaid**

In comparison to Medicare, the Medicaid schedule is less defined because the administration and funding is done at the State level. The doctors need to have a minimum of 30% of their general practice which is related to Medicaid, for pediatricians it is 20%, this criteria varies from state-to-state. The payment for the first year will only apply to solution purchase, installation and training, no penalty will be applied for non-adoption of EMR/EHR prior to 2016.

There are a few grey areas of Medicaid which are yet to be defined, for instance it is not known when exactly the payments will begin, unlike Medicare where payments will commence from 2011. The State requirements should be in line with those of Medicare, and must be acceptable to HHS.

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The American Recovery and Reinvestment Act of 2009 (H.R 1), or HITECH has allocated \$19.2 billion for Healthcare, the legislation to this effect is contained in Title X111. The financial incentives that physicians and hospitals will receive out of this amount is 17.2 billion, this is through Medicare and Medicaid. The Chiropractors are defined as "physicians" under the Social Security Act Section 1961. This is similar to the definition mentioned in Medicare.

These grants again are linked to the doctors demonstrating the "meaningful use" of certified technology solutions but these however are not tied to technology purchase. The documentation for treatment, including medical necessity over a period of time is covered within Medicare, and these are considered as "meaningful use". The use of ePrescription, and electronic information exchange also qualify for the grant, including the submission of clinical quality measures to HHS. The guidelines for these measures are not well defined.

These legislations are intended for the development of standards that will allow nationwide electronic exchange of information between doctors, hospitals, patients, health plans, including the government and other areas of healthcare. The Office of the National Coordination for Health Information Technology conducts the standard program within the Department of Health and Human Services.

The organization for certification is yet to be defined, however the date for setting it up is set for November 2009. The two key areas where the certification will be focused are

## I. Patient demographics and clinical health information

*A. Medical history*

*B. Problem identification (SOAP Notes, Reports)*

## II. System capabilities

*A. Clinical decision support*

1. Medical necessity

2. Outcomes reporting

*B. Physician order entry support*

*C. Information capture and inquiry support*

*D. Information exchange with other sources*

1. Filing

2. Submission

## The reasons for implementing them now

The practices can benefit from the technological improvements that cover the costs of solutions. The certification is a means to let the doctors know, that the software has qualified with a minimum set of functionality standards

## FAQ's

### Can you give me trial before I upload my files?

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