Can an eligible professional (EP) use EHR technology of an HIE to fulfill meaningful use or report measures to meaningful use?

No. For objectives and measures where the capabilities and standards of EHR technology designed and certified for EPs is different from those required for reporting to meaningful use, an EP must use the EHR technology designed and certified for EPs in order to fulfill meaningful use. For instance, if an EP is using the EHR technology designed and certified for EPs in order to fulfill meaningful use, then the EP must also use that EHR technology to report to meaningful use. However, this does not apply to measures that are part of the same meaningful use objective, where the reporting of the measure is mandatory. For example, if an EP meets the required measure for downloading patient summaries and very closely approximate the measure required to report to meaningful use, then the EP must use the EHR technology designed and certified for EPs, but the measure is met through the EHR technology used for reporting meaningful use.

What is the purpose of certified electronic health record (EHR) technology?

Certification of EHR technology will provide assurance to providers and others that an EHR system or product offers the necessary technological capability, functionality, and security to help them satisfy the meaningful use requirements of the Medicare and Medicaid EHR Incentive Programs. Providers and patients must be confident that the health information technology (IT) products and systems they use are secure, can maintain data confidentiality, and can work with other systems to share information. Confidence in health IT systems is an important part of advancing health IT system adoption and realizing the benefits of improved patient care. For more information, please visit the Office of the National Coordinator’s website at healthit.gov.

Should a provider do in 2014 if they did not previously intend to report to a public health reporting program that was previously mandatory in stage 2 and they do not have the necessary software in CEHRT or if the software interface the registry requires is available in health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?

In the 2013 EHR Incentive Programs final rule, we stated that we do not intend for providers to be inadvertently penalized for changes to their systems or reporting made necessary by the provisions of the regulation itself. This included penalties for providers for certain measures in 2014 which might require the acquisition of additional technologies they did not previously have, but did previously intend to report in 2013. In instances where the EHR technology was tested and certified using a sample workflow and/or generic forms/templates, however, instances of certified EHR technology can be from the same vendor and still be considered distinct. The exchange of clinical information key to the eligible professional, eligible hospital, or critical access hospital (CAH) must use the standards of certified EHR technology as specified by the Office of the National Coordinator for Health IT, not the capabilities of customized or other vendor-specific alternate methods for exchanging clinical information.

What is meaningful use?

In order to meet the meaningful use objective, clinical information must be sent between different legal entities with distinct certified EHR technology and between organizations that share a certified EHR technology or resources or can the EHR simply alert the eligible professional or successfully meet this objective?

In general, EHR technology developers can take the three approaches outlined in table below to meet the requirements of certification criteria which include that there must be clinical information that can be electronically transmitted to and from the EHR technology. Certification rules (see FAQ 16)). The certification issued would represent the unique pairing of the EHR technology and the other entity’s transport technology. Finally, we note that these certification approaches could also be used in combination so long as the full scope of the certification criterion is met. It is also possible for an EHR technology developer to get its EHR technology certified to meet the required transport standard capability such that an EHR technology’s native capability to perform to the required standard transport (e.g., IHE XDR) could be pursued in combination so long as the full scope of the certification criterion is met. For more information, please visit the Office of the National Coordinator’s website at healthit.gov.

What is certification?

Certification of EHR technology would provide assurance to purchasers and others that an EHR system or product offers the necessary technological capability, functionality, and security to help them satisfy the meaningful use requirements of the Medicare and Medicaid EHR Incentive Programs. Providers and patients must be confident that the health information technology (IT) products and systems they use are secure, can maintain data confidentiality, and can work with other systems to share information. Confidence in health IT systems is an important part of advancing health IT system adoption and realizing the benefits of improved patient care. For more information, please visit the Office of the National Coordinator’s website at healthit.gov.

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If a provider utilizes a health information organization that participates with the eHealth Exchange but is not connected to public health entities in the provider's state, does the provider still need to connect to those entities for purposes of participating in the Medicare and Medicaid Promoting Interoperability Program? If yes, to meet the requirements for meaningful use, the provider must connect to the appropriate public health entities in his or her state, even if the provider has connected to an eHealth Exchange participant for other reasons. This can be accomplished by expanding the eHealth Exchange participant connections to include public health agencies, or through direct connections from the provider to the public health agency, or through a different third-party interface. The information required by a public health meaningful use objective must originate from the provider's Certified Electronic Health Records Technology (CEHRT), and the information sent from that technology must be formatted according to the standards and implementation specifications associated with the public health meaningful use objective. If a provider wishes to use an health information exchange (HIE) or other intermediary to connect to a public health agency and perform a function to meet the meaningful use requirement, the provider must use an HIE or intermediary that is certified as an EHIM Module for that purpose. CMS recognizes the variety of methods in which the exchange of public health information could take place, and therefore does not seek to limit or define the receiving capabilities of public health entities (see FAQ 3461).

If your product is decertified, you can still use that product to attest if your EHR reporting period ended before the decertification occurred.

If the PDMP within a jurisdiction has declared itself a specialized registry ready to accept data, then the integration with a PDMP can count towards a specialized registry. The EHR must be CEHRT, but there are no standards for the exchange of data. For more information, please visit the Office of the National Coordinator's website at http://www.healthit.hhs.gov/certification.

A submission to a specialized registry may count if the receiving entity meets the following requirements: The receiving entity must declare that they are ready to accept data as a specialized registry and be using the data to improve population health outcomes. Until such time as a centralized repository is available to search for registries, most public health agencies and clinical data registries are declaring readiness via a public online process.

The Medicare and Medicaid Promoting Interoperability Programs require the use of certified EHR technology, as established by a new set of standards and certification criteria. Existing EHR technology needs to be certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) to meet these new criteria in order to qualify for the incentive payments. The Certified Health IT Product List (CHPL) is available at http://www.healthit.hhs.gov/CHPL. This is a list of complete EHRs and EHR modules that have been certified for the purposes of the program. A provider may use a single product or a combination of products and/or models to meet the requirements. For more information, please visit the Office of the National Coordinator's website at http://www.healthit.hhs.gov/certification.

The Office of the National Coordinator for Health Information Technology (ONC) has awarded funds to 16 states, eligible territories, and qualified State Designated Entities (SDEs) under the Health Information Exchange Cooperative Agreement Program to help fund efforts to rapidly build capacity for exchanging health information across the health care system both within and between states. These exchanges will play a critical role in facilitating the exchange of doctors and hospitals to help them meet interoperability requirements which will be part of meaningful use. More information on ONC’s Health Information Exchange grantees is available at http://www.healthit.hhs.gov.