CEHRT		
FAQ Number	**Question**	**Answer**
6421	Can an eligible professional (EP) use EHR technology certified for an inpatient setting to meet a meaningful use objective and measure?	Yes. For objectives and measures where the capabilities and standards of EHR technology designed and certified for an inpatient setting are equivalent to or require more information than EHR technology designed and certified for an ambulatory setting, an EP can use the EHR technology designed and certified for an inpatient setting to meet an objective and measure. There are some EP objectives, however, that have no corollary on the inpatient side. As a result, an EP must possess Certified EHR Technology designed for an ambulatory setting for such objectives.Please reference ONC FAQ 12-10-021-1 and 9-10-017-2 and CMS FAQ 10162 for discussions on what it means to possess Certified EHR Technology, ONC FAQ 6-12-025-1 for a list of affected capabilities and standards, and how that relates to the exclusion and deferral options of meaningful use. To view the ONC FAQs, please visit: http://healthit.gov/certifications-ehrs/frequently-asked questions.
2809	What is the purpose of certified electronic health record (EHR) technology?	Certification of EHR technology will provide assurance to purchasers and other users that an EHR system or product offers the necessary technological capability, functionality, and security to help them satisfy the meaningful use objectives for the Medicare and Medicaid EHR Incentive Programs. Providers and patients must also be confident that the electronic health information technology (IT) products and systems they use are secure, can maintain data confidentially, 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 http://healthit.hhs.gov
14397	What should a provider do in 2016 if they did not previously intend to report to a public health reporting measure that was previously a menu measure in Stage 2 and they do not have the necessary software in CEHRT or the interface the registry requires available in their health IT systems? What if the software is potentially available but there is a significant cost to connect to the interface?	In the 2015 EHR Incentive Programs Final Rule, we stated that we did not intend for providers to be inadvertently penalized for changes to their systems or reporting made necessary by the provisions of that regulation. This included alternate exclusions for providers for certain measures in 2016 which might require the acquisition of additional technologies they did not previously have for measures they did not previously intend to include in their activities for meaningful use (80 FR 62945).Therefore, in order that providers are not held accountable to obtain and implement new or additional systems, we will allow providers to claim an alternate exclusion from certain public health reporting measures in 2016 if they did not previously intend to report to the Stage 2 menu measure.
2937	To meet the meaningful use objective "capability to exchange key clinical information" for the Medicare and Medicaid Promoting Interoperability Programs, can different providers of care (e.g., physicians, hospitals, etc.) share EHR technology and successfully meet this objective?	In order to meet this objective, clinical information must be sent between different legal entities with distinct certified EHR technology and not between organizations that share a certified EHR technology or organizations that are part of the same legal entity, since no actual exchange of clinical information would take place in these latter instances. Distinct certified EHR technologies are those that can achieve certification and operate independently of other certified EHR technologies. It is possible for different legal entities to meet this objective by using separate instances of the same certified EHR technology (e.g. both entities using separate license of the same program), subject to the following limitations: A different legal entity is an entity that has its own separate legal existence. 160; Indications that two entities are legally separate would include (1) they are each separately incorporated; (2) they have separate Boards of Directors; and (3) neither entity is owned or controlled by the other. In order to be distinct certified EHR technology, each instance of certified EHR technology must be able to be certified and operate independently from all others. Separate instances of certified EHR technology that must link to a common database in order to gain certification would not be considered distinct. However, instances of certified EHR technology that link to a common, uncertified system or component would be considered distinct. Instances of certified EHR technology can be from the same vendor and still be considered distinct. The exchange of key clinical information requires that 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 uncertified or other vendor-specific alternative methods for exchanging clinical information.
7699	What certification approaches would satisfy the 2014 Edition transitions of care certification criteria adopted at 45 CFR 170.314(b)(1) and (b)(2) as well as permit an eligible provider to have EHR technology that meets the Certified EHR Technology (CEHRT) definition? Please emphasize how the adopted transport standards fit in.	In general, EHR technology developers can take the three approaches outlined in the table below to meet the transitions of care certification criteria and their included transport standard(s). EHR technology certified according to any one of these three approaches could then be used by eligible providers to meet the CEHRT definition. As additional context, it is important to keep in mind the "scope of a certification criterion" in the 2014 Edition EHR certification criteria (see 77 FR 54168). In the final rule, we describe that in order for a certification criterion to be met, all specific capabilities expressed under the second regulation text paragraph (e.g., everything under 170.314(b)(1)) would need to be demonstrated for certification. In other words, if EHR technology was presented for certification and could only perform the specific "create a CCDA" capability expressed in 170.314(b)(2)(I), that EHR technology would not meet this certification criterion. With respect to transport standards, both certification criteria at 170.314(b)(1) and (b)(2) follow the same framework. At a minimum, EHR technology presented for certification must be able to electronically receive and transmit (in the respective certification criteria) transitions of care/referral summaries according to the Applicability Statement for Secure Health Transport. EHR technology developers are also able to seek certification to two optional transport standards: The Applicability Statement for Secure Health Transport specification and the XDR and XDM for Direct Messaging specification; and •The Simple Object Access Protocol (SOAP)-Based Secure Transport Requirements Traceability Matrix (RTM) version 1.0 standard and the XDR and XDM for Direct Messaging specification. The EHR technology presented for certification can perform all of the specific capabilities expressed by the certification criterion, including the required capabilities for content and transport standard (and any optional transport standards) (e.g., for 170.314(b)(1), receipt according to transport standards, display of CCD/C32, CCR, and CCDA, and incorporation of CCDA sections). The EHR technology presented for certification could either be from an EHR technology developer that likely includes other clinical capabilities or from an EHR technology developer (e.g., HIE/HISP) that focuses on transition of care/transmission related capabilities. The EHR technology presented for certification can perform most of the capabilities expressed by the certification criterion (e.g., CCDA creation for 170.314(b)(2)), but also relies on a health information exchange (HIE) organization, health information service provider (HISP), or other 3 party's technology to perform the required transport standard capability (and any optional transport standards). Under this approach and to meet the certification criterion: The EHR technology must be presented for certification together with the technology supplied by the other entity to perform the transport capability (this other technology would be treated as "relied upon" software under ONC's 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 pursued in combination so long as the full scope of the certification criterion is met. For example, in order for an EHR technology developer to get its EHR technology certified to meet the required transport standard capability it could pursue the second approach and also seek certification for its EHR technology's native capability to perform to the second optional transport requirement (i.e., the SOAP-based RTM + XDR/XDM), which would enable its customers to have additional transport capabilities as part of their CEHRT.
2907	To meet the meaningful use objective "use certified EHR technology to identify patient-specific resources and provide those resources to the patient" for the Medicare and Medicaid Promoting Interoperability Programs, does the certified EHR have to generate the education resources or can the EHR simply alert the	In the patient-specific education resources objective, education resources or materials do not have to be stored within or generated by the certified EHR. However, the provider should utilize certified EHR technology in a manner where the technology suggests patient-specific educational resources based on the information stored in the certified EHR technology. The provider can make a final decision on whether the education resource is useful and relevant to a specific patient.
3063	If data is captured using certified electronic health record (EHR) technology, can an eligible professional or eligible hospital use a different system to generate reports used to demonstrate meaningful use for the Medicare and Medicaid Promoting Interoperability Programs?	By definition, certified EHR technology must include the capability to electronically record the numerator and denominator and generate a report including the numerator, denominator, and resulting percentage for all percentage-based meaningful use measures (specified in the certification criterion adopted at 45 CFR 170.302(n)). However, the meaningful use measures do not specify that this capability must be used to calculate the numerators and denominators. Eligible professionals and eligible hospitals may use a separate, non-certified system to calculate numerators and denominators and to generate reports on the measures. Eligible professionals and eligible hospitals will then enter this information in CMS' web-based Medicare and Medicaid EHR Incentive Program Registration and Attestation System. Eligible professionals and eligible hospitals will fill in numerators and denominators for meaningful use objectives, indicate if they qualify for exclusions to specific objectives, report on clinical quality measures, and legally attest that they have successfully demonstrated meaningful use.
2893	Must providers have their electronic health record (EHR) technology certified prior to beginning the EHR reporting period in order to demonstrate Meaningful Use under the Medicare and Medicaid Promoting Interoperability Programs?	No. An EP or hospital may begin the EHR reporting period for demonstrating Meaningful Use before their EHR technology is certified. Certification need only be obtained prior to the end of the EHR reporting period. However, Meaningful Use must be completed using the capabilities and standards outlined in the ONC Standards and Certification Regulation for certified EHR technology. Any changes to the EHR technology after the beginning of the EHR reporting period that are made in order to get the EHR technology certified would be evidence that the provider was not using the capabilities and standards necessary to accomplish Meaningful Use because those capabilities and standards would not have been available, and thus, any such change (no matter how minimal) would disqualify the provider from being a meaningful EHR user. If providers begin the EHR reporting period prior to certification of their EHR technology, they are taking the risk that their EHR technology will not require any changes for certification.
3073	For the Medicare and Medicaid Promoting Interoperability Programs, is an eligible professional or eligible hospital limited to demonstrating meaningful use in the exact way that EHR technology was tested and certified? For example, if a Complete EHR has been tested and certified using a specific workflow, is an eligible professional or eligible hospital required to use that specific workflow when it demonstrates meaningful use? Similarly, if the EHR technology was tested and certified with certain clinical decision support rules, are those the only clinical decision support rules an eligible health care provider is permitted to use when demonstrating meaningful use?	In most cases, an eligible professional or eligible hospital is not limited to demonstrating meaningful use to the exact way in which the Complete EHR or EHR Module was tested and certified. As long as an eligible professional or eligible hospital uses the certified Complete EHR or certified EHR Module's capabilities and, where applicable, the associated standard(s) and implementation specifications that correlate with the respective meaningful use objective and measure, they can successfully demonstrate meaningful use even if their exact method differs from the way in which the Complete EHR or EHR Module was tested and certified. It is important to remember the purpose of certification. Certification is intended to provide assurance that a Complete EHR or EHR Module will properly perform a capability or capabilities according to the adopted certification criterion or criteria to which it was tested and certified (and according to the applicable adopted standard(s) and implementation specifications, if any). The Temporary Certification Program and Permanent Certification Program Final Rules (75 FR 36188 and 76 FR 1301, respectively), published by the Office of the National Coordinator for Health IT (ONC), acknowledged that eligible professionals and eligible hospitals could, where appropriate, modify their certified Complete EHR or certified EHR Module to meet local health care delivery needs and to take full advantage of the capabilities that the certified Complete EHR or certified EHR Module includes. These rules also cautioned that modifications made to a Complete EHR or EHR Module post-certification have the potential to adversely affect the technology's capabilities such that it no longer performs as it did when it was tested and certified, which could ultimately compromise an eligible professional or eligible hospital's ability to successfully demonstrate meaningful use. In instances where a certification criterion expresses a capability which could potentially be added to or enhanced by an eligible professional or eligible hospital, the way in which EHR technology was tested and certified generally would not limit a provider's ability to modify the EHR technology in an effort to maximize the utility of that capability. Examples of this could include adding clinical decision support rules, adjusting or adding drug-drug notifications, or generating patient lists or patient reminders based on additional data elements beyond those that were initially required for certification. Modifications that adversely affect the EHR technology's capability to perform in accordance with the relevant certification criterion could, however, ultimately compromise an eligible professional or eligible hospital's ability to successfully demonstrate meaningful use. In instances where the EHR technology was tested and certified using a sample workflow and/or generic forms/templates, an eligible professional or eligible hospital generally is not limited to using that sample workflow and/or those generic forms/templates. In this context, the "workflow" would constitute the specific steps, methods, processes, or tasks an eligible professional or eligible hospital would follow when using one or more capabilities of the certified Complete EHR or certified EHR Module to meet meaningful use objectives and associated measures. An eligible health care provider could use a different workflow and/or substitute different forms/templates for those that are included in the certified Compete EHR or certified EHR Module. Again, care should be taken to ensure that such actions do not adversely affect the Complete EHR's or EHR Module's performance of the capabilities for which it was tested and certified, which could ultimately compromise an eligible professional or eligible hospital's ability to successfully demonstrate meaningful use.

8906	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?	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 EHR 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).
12657	What if your product is decertified?	If your product is decertified, you can still use that product to attest if your EHR reporting period ended before the decertification occurred.
13413	Does integration of the PDMP (Prescription Drug Monitoring Program) into an EHR count as a specialized registry?	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.
2811	Do I need a single product for all functions or can I use a variety of certified systems?	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 purposed of this 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://healthit.hhs.gov/certification.
2795	The meaningful use standards for the Medicare and Medicaid Promoting Interoperability Program require interoperability, is there guidance regarding who will pay for ensuring connectivity between physician practices and hospitals?	The Office of the National Coordinator for Health Information Technology (ONC) has awarded funds to 56 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 capacity 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://healthit.hhs.gov
8227	For the Medicare and Medicaid Promoting Interoperability Programs, how should an eligible professional (EP), eligible hospital, or critical access hospital (CAH) attest if the certified EHR vendor being used is switched to another certified EHR vendor in the middle of	If an EP, eligible hospital or CAH switches from one certified EHR vendor to another during the program year, the data collected for the selected menu objectives and quality measures should be combined from both of the EHR systems for attestation. yes;"The count of unique patients does not need to be reconciled when combining from the two EHR systems.
13653	What can count as a specialized registry?	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 posting. Registries should make this information publically available for potential registrants. The receiving entity must also be able to receive electronic data generated from CEHRT. The electronic file can be sent to the receiving entity through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal, FTP, or Direct. Manual data entry into a web portal would not qualify for submission to a specialized registry. The receiving entity should have a registration of intent process, a process to take the provider through test and validation and a process to move into production. The receiving entity should be able to provide appropriate documentation for the sending provider or their current status in Active Engagement. For qualified clinical data registries, reporting to a QCDR may count for the public health specialized registry measure as long as the submission to the registry is not only for the purposes of meeting CQM requirements for PQRS or the EHR Incentive Programs. In other words, the submission may count if the registry is also using the data for a public health purpose. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically. Created 12/11/2015 Updated 02/25/2016
13657	What steps does a provider have to take to determine if there is a specialized registry available for them, or if they should instead claim an exclusion?	The eligible professional (EP) is not required to make an exhaustive search of all potential registries. Instead, they must do a few steps to meet due diligence in determining if there is a registry available for them, or if they meet the exclusion criteria. An EP should check with their State* to determine if there is an available specialized registry maintained by a public health agency. An EP should check with any specialty society with which they are affiliated to determine if the society maintains a specialized registry and for which they have made a public declaration of readiness to receive data for meaningful use no later than the first day of the provider's EHR reporting period. If the EP determines no registries are available, they may exclude from the measure. The provider may meet the specialized registry measure up to 2 times. This can be done through reporting to: Two registries maintained by one or more specialty societies One registry maintained by a public health agency and one maintained by a specialty society One registry maintained by a public health agency and one exclusion One registry maintained by a specialty society and one exclusion PLEASE NOTE: In 2015, providers may also simply claim an alternate exclusion for a measure as defined in FAQ href="https://questions.cms.gov/faq.php?faqId=12985 5005" *If you report to an entity other than a State as your reporting jurisdiction (such as a county) you may elect to check with them. Created 12/11/2015 Updated 02/25/2016