

2016 Program Requirements

October 2015, CMS released a final rule that specifies criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet in order to participate in the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. The final rule's provisions encompass 2015 through 2017 (Modified Stage 2) as well as Stage 3 in 2018 and beyond.

For more information:

<https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>

Functionality

EHR products need capabilities for a doctor to manage their patients' health care in an efficient, quality, and safe manner in an electronic format. Some of the broad functionality criteria are:

- **Organizing data** – compiling the patient's medical history, including clinical documents or lab results, as well as any medication or allergies
- **Receiving and displaying information** – the ability to receive and gather information from sources outside the practice
- **Writing orders** – ordering medication or other diagnostic tests
- **Managing workflow** – scheduling clinical tasks, managing medications, communicating with pharmacies for prescriptions
- **Authorized sharing** – managing relations with patients, maintaining privacy, coordinating with other health care providers for the betterment of the patient
- **Administrative and billing support** – assisting with financial aid and insurance coverage

Compatibility

With the advancing and changing of technology on a daily basis, it's important for EHR products to meet a base of standards to send and receive medical data, as well as being able to adapt and update when necessary. Some broad areas of required compatibility are:

- **Laboratory results** – ability to receive and file lab results, whether it's preliminary or a final test, as well as processing those results. The capability to view x-ray images is also needed.
- **Electronic prescribing** – maintain federal standards for sending new prescriptions, authorizing refills, ensure that the medication is available, check the patient's eligibility for said medication, and receive medication history from the pharmacy.
- **Exchanging summary documents** – sending and receiving patient medical summaries from outside systems or networks

Certification Process

Security

Patients value the privacy of their medical history, and each EHR technology needs the ability to maintain proper security standards. These criteria are:

- **User authentication**
- **Access restricted to the user's role or contest of care situation**
- **Auditing access and use of records**
- **Encrypting data sent out of the network**
- **Virus and malware protection**
- **Data backup in case of computer loss or compromise**

Certifications Methods

ONC-authorized Certification

The certifying agency must be an Accredited Testing Lab and an ONC Authorized Certification Body, to be able to certify both complete EHRs and EHR modules. With this certification, providers can receive incentive payments stemming from the American Recovery and Reinvestment Act of 2009 if they demonstrate meaningful use of the technology.

EHR Alternative Certification

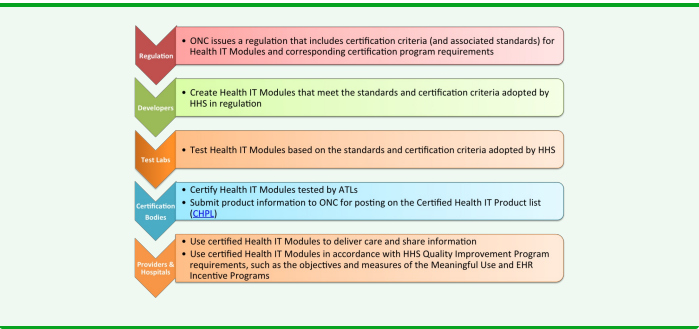
This tailored program assesses the customized EHR technology already installed at health care provider locations. The technology is required to meet the same federal standards as commercial products. This way, providers who create and develop their own technologies can still qualify for the ARRA incentives and are both rewarded and encouraged for innovation.

Health Information Exchange (HIE) Compliance Testing Program

A testing program to ensure that systems and networks are able to share information across organizational and state boundaries in a safe, secure manner.

Health IT Framework for Accountable Care Organizations (ACOs)

This certification determines whether or not the health care provider has the proper Health IT infrastructure needed to work as an accountable care organization. It also helps recognize any deficiencies in that infrastructure that would stop providers from being effective.



By **[deleted]**
cheatography.com/deleted-2754/

Published 28th February, 2016.
Last updated 12th May, 2016.
Page 1 of 2.

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