2015 Edition Certification Companion Guide

Automated Numerator Recording - 45 CFR 170.315(g)(1)

Links will be updated as available: **Final Rule Preamble** – **Test Procedure** – **Test Data**

Version 1.0 – Last Updated 2/5/2016

New/Revised/Unchanged Compared to 2014 Edition	Gap Certification Eligible	Base EHR Definition	In Scope for Certified EHR Technology Definition
Revised	Fact-specific[1]	No	Yes

Certification Requirements

This certification criterion was adopted at § 170.315(g)(1). Quality management system (§ 170.315(g)(4)) and accessibility-centered design (§ 170.315(g)(5)) need to be certified as part of the overall scope of the certificate issued to the product.

- When a single quality management system (QMS) is used, the QMS only needs to be identified once. Otherwise, the QMS' need to be identified for every capability to which it was applied.
- When a single accessibility-centered design standard is used, the standard only needs to be identified once. Otherwise, the accessibility-centered design standards need to be identified for every capability to which they were applied; or, alternatively the developer must state that no accessibility-centered design was used.

Regulation Text

Automated numerator recording. For each EHR Incentive Programs percentage-based measure, technology must be able to create a report or file that enables a user to review the patients or actions that would make the patient or action eligible to be included in the measure's numerator. The information in the report or file created must be of sufficient detail such that it enables a user to match those patients or actions to meet the measure's denominator limitations when necessary to generate an accurate percentage.

[1] The gap certification eligibility of this criterion at § 170.315(g)(1) depends on any modifications to the certification criteria to which this criterion applies and relevant Stage 3 meaningful use objectives and measures.

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion	• Technical outcome – A user must be able to create a report or file to review patients or actions that would make the patient or action eligible to be included in an EHR Incentive Programs percentage-based measure's numerator. The user must be able to use the information in the report or file to match those patients or actions to meet the measure's denominator limitations. ***Clarifications:*** • ONC administers the ONC Health IT Certification Program; CMS administers the EHR Incentive Programs. Questions regarding requirements for the EHR Incentive Programs should be directed to CMS. • ONC has issued an FAQ on testing and certification for the 2014 Edition automated numerator recording (§ 170.314(g)(1)) and automated measure calculation (§ 170.314(g)(2)) certification criteria for measures which are no longer included in the meaningful use criteria based for EHR reporting periods in 2015 -2017 based on updates included in the CMS final rule. [see also 80 FR 62761, 80 FR 62785, 80 FR 62875] Although this FAQ references the 2014 Edition certification criteria for automated numerator recording and automated measure calculation, the policy applies to testing and certification for the 2015 Edition automated numerator recording (§ 170.315(g)(1)) and automated measure calculation (§ 170.315(g)(1)) certification criteria if the Health IT Module will be used to report on measures in 2016 and 2017. Continued on next page	N/A

Criterion Subparagraph	Technical Explanations and Clarifications	Standard(s) Referenced
Applies to entire criterion, continued	Continued from previous page ○ The following Stage 2 measures are no longer applicable for the CMS EHR Incentive Programs: ▪ Demographics ▪ Vital signs ▪ Smoking status ▪ Clinical summaries ▪ Incorporate lab results ▪ Patient reminders ▪ Electronic notes ▪ Imaging ▪ Family health history ▪ Problem list ▪ Medication list ▪ Medication allergy list ▪ Advance directives ▪ Electronic medication administration record (eMAR) ▪ Send labs from EH to EP. • Please refer to CMS' EHR Incentive Programs webpage for more resources on specific measures. • The capability for technology to populate the numerator before, during, and after the reporting period depends on the numerator and denominator statements for the meaningful use measure. Developers should refer to the numerator and denominator statements in the measure specification sheets provided by CMS to determine the reporting period technology needs to support. • The test data used for this criterion is supplied by ONC and is organized into 5 Test Data scenarios which include 5 different Test Cases and facilitating testing requires all data to be preloaded before testing would begin. • ONC-ACBs can certify a Health IT Module to either § 170.315(g)(1) or (g)(2) per FAQ #28. ONC-ACBs should refer to the scenarios outlined in FAQ #28 for further details.	N/A

Note: This Certification Companion Guide (CCG) is an informative document designed to assist with health IT product development. The CCG is not a substitute for the 2015 Edition final regulation. It extracts key portions of the rule's preamble and includes subsequent clarifying interpretations. To access the full context of regulatory intent please consult the 2015 Edition final rule, the EHR Incentive Program – Stage 3 final rule, and other included regulatory reference. The CCG is for public use and should not be sold or redistributed.

Version History

Version #	Change(s) Summary	Date Made
1.0	Initial Publication	Feb 5, 2016