

## **Temporary Certification Program Informational Calls**

**Moderator: Janet Marchibroda**

**July 2, 2010**

**11 am - 12 pm EDT**

Coordinator: Welcome and thanks for standing by. At this time all participants are in a listen only mode until the question and answer session of today's call.

At that time you may press star 1 to ask a question and star 2 if you need to withdraw the question.

I'd like to inform all parties the call is being recorded. If you have any objections you may disconnect at this time. I'd now like to turn the call over to Carol Bean. Thank you, you may begin.

Carol Bean: Thank you very much. I'd like to welcome everyone to this call we understand that there are some technical difficulties regarding the telephone number and we will go ahead tell your friends who weren't able to get on that we'll have another one of these calls. We'll schedule it as soon as we can.

But we're going to go ahead with this call for those of you who have joined. This call is an informational call about the ONC Temporary Certification Program. We are targeting four separate calls and now five to various

segments of the stakeholder group so that we can target the information questions and answers to your particular needs.

This one is we are providers we've already had calls for entities and persons who are seeking to achieve authorization for testing and certifying EHR technology under this program. We have had a call for vendors and developers and in two separate types of vendor developer calls.

But this one as I said is developed towards – or, is aimed towards providers. So we will have two speakers today Steve Posnack who is Director of Federal Policy Division here at ONC. And me, I'm Carol Bean the Director of Certification at ONC.

We'll start off with Steve who will discuss the rules that has recently been finalized for the (Timber) certification program. And then I will provide some information about the operations of that program as well as some events, milestones and things that are coming up over the next few weeks.

And after we're done we'll finish – try to keep our prepared comments brief and then we will open for question and answers at the end of our prepared remarks – so Steve.

Steve Posnack: Thanks Carol, thanks everybody for joining us. As I – if you carried over from our call that happened an hour ago you'll hear some of the same spill from me but we'll try to tailor our remarks again as Carol mentioned and to leave some time open for Q&A.

You are – if you are not in the DC area it's a beautiful day here, low humidity, very sunny. So it's a good way to start our holiday weekend and again we appreciate your time.

So I'm going to walk through a little bit of the history in terms of the rule making process. Catch you up to where we are today and then turn it over to Carol to discuss some of the operational requirements – processes that are now ongoing with respect to the Temporary Certification Program.

In early March we published a notice of propose we are making to specify policies and requirements for both a Temporary Certification Program and a Permanent Certification Program.

And the – we also acknowledge that the temporary certification program file and the permanent certification program will have separate final rules. So we'll have published a couple of weeks ago was the – just the temporary certification program final rule. And we anticipate following up with the permit certification program final rules sometime later this fall. That permanent certification program is not the subject of our call today. This is going to be focused on the policies included in the final rule for the temporary certification program.

So the rule is the first big step to set into motion. One of the processes that needs to be in place to support the larger in EHR incentives program. It gets at the certification processes for EHR technology. It will also help ready other ONC activities and programs. One of which being the Regional Extension Center as an example which bar our target audience today. Hopefully many of you are healthcare providers out there that are eligible for the incentive either through the Medicare or Medicaid programs.

And for those of you that are in an area where there is a regional extension center. There will be out there helping you get to meaningful use.

So generally speaking the rule serves – the Temporary Certification Program final rule serves two purposes. It establishes the process the national coordinator will use to authorize organizations to test and certify EHR technology.

And once these organizations are authorized – have been authorized by the national coordinator they will be called. And you need to acronym to your (repatra). And ONC Officer of the National Coordinator for Health and Information Technology – Authorized Testing and Certification Body. So ATCB.

So you'll hear Carol and I say ONC ATCB, or just for short ATCB a lot. And just keep that in mind.

With respect to the application process and Carol will get into a little bit of detail just to give you a sense of what these bodies will be going through in order for us to ensure that they are both competent and qualified to test and certify HR technology. It is an open application process and we are encouraging all qualified applicants and organization that belief that they can meet the requirements specified in the rule.

To request an application and once received to submit one completed and hopefully they'll be able to demonstrate that they are qualified and competent. And we're hopeful based on the turnout and request and inquiries that we've gotten that there will be multiple ATCB's out there.

And the second general purpose to the rule that I would just summarize for you is that the rules specify the parameters – certain parameters around testing and certification of EHR technology. So what the ONC ATCB's need to do when they are testing and certifying.

So taken together this rule paves the way for developers of EHR technology to get their EHR technology tested and certified in a timely manner we're working at a feverish pace which is pretty much the ONC pace to get this program up and running and up in advance of the incentive programs.

And this really gets us – the formation and the operationalizing the temporary certification program get the one half of the freeze equation that I – that is used a lot meaningful use of certified EHR technology.

So it gets the certified EHR technology part out there and available. For you folks on the phone that are our target audience for today. And this call the health care providers but typically certification will hopefully provide the confidence and assurance that you need that the products that you choose to adopt or purchase or upgrade et cetera will provide the capabilities that – and include the capabilities that you need to meet the final meaningful Stage 1 measures.

And that was where we had worked collaboratively with the finisher Medicare and Medicaid services to link the regulatory relationship between the two rules that are forthcoming. The final meaningful use, EHR incentives rule and the final rule on standards and certification criteria to make sure that all these programs are aligned.

I will go briefly into a little bit of the specifics to the rule that I thought might be helpful for your information. As I mentioned earlier a lot of the regulatory sections really revolve around the application process that the national coordinator will take you authorized ONC ATCB's.

Any of the due processes related to if a deficiency identified in the application. What an applicant can expect in terms of turnaround times and how those deficiencies will be identified and how they will be able to correct the deficiencies.

Once an ONC ATCB has gained its authorized status what it needs to do to maintain good standing with its status and also situations where if we at ONC identify that they aren't playing by the rules, certain requirements that an ONC ATCB can expect to have to adhere to in terms of correcting potential violations of their good standing.

So there are a number of facets that we try to either clarify in the rule for perspective purchasers. We also try to clarify and enhance some of the transparency elements which is what I'll really highlight for you today.

First and foremost being an organization that step through the application process. And we have determined that they should be granted ONC ATCB status.

We will make those organizations publicly known on our Web site. So, if you're signed up on our list serve you'll – we'll be sure to make that announcement publicly available and we'll have our probably updated continually from now until the future certification oriented Web pages on the Health IT.HHS.gov Web site where you'll be able to find out more detailed information.

The second element that will also – that we hope to be a public service to you all and Carol will get into a little bit more of the details on that will be, once the ONC ATCB start to churn out certified products, we will be aggregating

with – under the expectation that there are multiple ATCB's aggregating the source of all of the fully issued certification from these organization.

So, if there are for example, three ONC ATCB's we will be getting weekly reports from them on the certifications that they issued. We will be updating our Web site and providing a list of all of those certified products in addition to other specific information that will help you determine either what you've got maybe an older version that you may need to contact your vendor to upgrade to.

Or, if you're out there in the market and haven't previously adopted a certified EHR technology you'll be able to go and at least look up the vendors that have had their product certified, the version numbers any additional information that may be associated with them and kind of do your early market research before you take the plunge.

There are – in that regard the same information that we require ONC ATCB's to report to us we also require the ONC ATCB's when issuing a certification to an EHR technology developer to communicate that information to you all as prospective purchasers.

So they'll have to communicate to you the specific version number, any other types of – some of the specific identifiable identification information associated with the product, If its an EH are module which is something that only meets certain certification criteria adopted by the secretary, they will have to identify the certification criteria to which that EHR model has been tested and certified so that you know exactly the capability that – the capability or capabilities that it includes versus those that it does not.

And that is pretty much a quick summary down and dirty of some of the things that I thought maybe – you may be interested in given our target audience today with respect to the provisions of the final rule.

And I'm going to turn it over to Carol to give you a short synopsis of the application process and other factors.

Carol Bean: Okay I would like to talk to you a little bit about some of the operational elements of the Temporary Certification Program. And most of this will be focused on what the ATCB's need to do become authorized and some of the time frames for that.

Now the goal of such a program as this, the testing and certification program really is to provide assurance and confidence to purchasers and users that the technology or products actually do what the developers and vendors the sellers say it does.

And one reason that the program such as this one, the Temporary Certification Program can provide this insurance is because it is based on state of the art methodologies, best practice and international standards that determine the competency of entities to perform the testing and certification.

Now I would not expect people targeted here to be speaking on this call to be seeking authorization to test and certify the technologies. But I do think its important and useful to understand what process underlies the certification of products that you may be purchasing and using.

As Steve noted this is really the first step in the process towards certified EHR technology and meaningful use thereof. Applicants for those who desire to become authorized to test and certify under this program must request an

application in writing. We are in operational phase for that right now. We have received quite a few inquiries about this and we've actually had 14 formal request for applications and we've distributed those.

So we expect to get those back fairly soon and to begin the process of reviewing those for conformance to the standards and competency to test the products and certify them.

Application itself has a couple of parts of one test – or establishes their conformance to the basic process and standards for third party conformance assessment and the other test of competency to their knowledge and competency of the program of help IT of the test methods, of the test data of the procedures all of that kind of stuff.

In addition we require that they sign and agree to principles of proper conduct ongoing mandatory training throughout the process et cetera.

Again all this is designed to ensure – to provide assurance and confidence to purchasers and users and because of what the systems are to the public and to those who are providing incentive payments that these systems are doing what they are supposed to, what they are told to do.

Now the authorization for the bodies that are testing and certifying the products and systems, the ATCB's comes directly from the national coordinator. And has a scope that is associated with it the organization, the ATCB's are authorized to test and certify either complete EHR technologies or modules and specified modules.

And they are tested very specifically on – within the scope of authorization that they seek. Once they have achieved authorization we post as Steve noted

the names of these bodies on our Web site so that the vendors and developers can approach them directly. They deal directly with them to get their products or systems certified.

And we expect that we will have that component of this program operational before the end of the summer. The ATCB's will be in business and starting to test and certify before the end of the summer.

We also expect then based on time frames and analysis that we've done – that we've performed that the products will be certified in the fall. That we will begin to post on the chapel, this certified health IT product list, those products that have been certified by our ATCB's in this program and the information about them that specified the vendor the version, product number et cetera as well as the criteria to which they have been certified has been certified will be made available and aggregated as Steve noted on this Website.

So that the Chapel serves two purposes it aggregates that list of certified products and provides the information. But there is also another feature that we will be adding later in the fall that will enable someone to determine whether a specific set a composite set of products if they are going the modular route will satisfy all of the criteria and end up you know, having a functionally complete certified EHR.

So trying to look through my notes. Want to leave as much time as possible for questions in the same way that we're not controlling the number of vendors that produced products or developed things we want to be able to stimulate the market for this – to provide an environment that is a very stimulated market.

We're not providing limits on the number of testing and certification bodies who can operate in this program. Nor what they are certified to authorize or authorized to certify under the program so long as it is within the scope of the certification criteria that we're adopted by the secretary.

So there are two other things that I would like to say in addition to the chapel which we conceive out of sort as the public service for folks who are – would like to determine and investigate the certification and the criteria to which thing – products are certified.

We are investigating ways that we can receive comments and complaints from the public about either – about anything that is regarding this program. We don't have to set up yet but we have heard request for such a opportunity for such a system and we're investigating how we can best set that up within the constraints of the program for people to continue to make comment on this sort of stuff.

Another thing that as I said one of the true goals of this is to provide assurance - assurances through the third party conformance assessment. One of the things that we have proposed as Steve noted we proposed two programs this right now the one that is rolling out is the temporary program. We will be working on finalizing the rules and regulations that are associated with a permanent program and what we have proposed in that program is a more complex but far more robust system of third party conformance assessment.

One of the elements that we have proposed for that and depending on comment and what the final decisions are is a full blown surveillance program that essentially functions – it is a post market surveillance program that would be required of the ATCB's to put in place to be authorized or to test for the testing bodies and for the certification bodies to perform surveillance.

Again that is not yet part of the 0 it is not approved in part of the regulation and it's not part of the temporary programs monitoring functions will be taken on by ONC during the temporary program. So that is just another way that we're trying to provide assurance for the things that are being certified and tested under these programs.

So, that was our speed presentation we do want to leave plenty of time for question and answers. And so we are now going to go into that phase having delivered the comments that we have prepared.

So take it away.

Steve Posnack: Operator ready for questions.

Coordinator: If you would like to ask a question as a reminder please press star 1 to ask a question. And star 1 – star 2, excuse me if you need to withdraw your question from the queue.

First question comes from (Diana). Your line is open.

(Diana Preu): Hi this is (Diana Preu) and my question is about the actual certification requirements versus the meaningful use requirements. At times it seems like having the certified electronic health record technology is one component of meeting the meaningful use requirement.

And other times there seems to be questions about whether everything we do to meet the meaningful use requirement must be done using the technology components that have been certified.

And I'm hoping that you can help clarify that. And after clarifying that if you could point us to where we can actually get the certification criteria that would be very helpful.

Steve Posnack: Stellar question. So hopefully I can clarify some of this and some of this you'll just have to take on faith in terms of me deferring a little bit to the final rules that are still forthcoming related to meaningful use and the standards and certification criteria.

So a little bit of history just to fully address the question. In January the department published two rules a notice of proposal we're making to identify the requirements for meaningful use Stage 1 and that is a proposed rule.

So and I like to summarize you know, that that is actions that healthcare providers need to take using certified EHR technology.

Then the correlating rule making which is married to it they are kind of brother and sister rules, was the rule that ONC published related to the standards and certification criteria for EHR technology – you know, EHR technology.

And that marries the requirements – the action that health care providers need to do in order to meet the meaningful use requirement with the technological capabilities that certified EHR technology needs to provide.

So the statutory phrase in high tech act is that someone needs to be a meaningful user of certified EHR technology.

So in that regard we have worked very closely with DMS to make sure that those actions that they expect healthcare providers to take with certified EHR

technology are provided – are included in certified EHR technology as a capability.

So, for – as an easy example you know, they had proposed that the healthcare providers keep information – keep a problem list up to date and we had adopted in the interim final rule a certification criteria that required EHR technology to be able to support entering in and recording and retrieving and modifying informational on problem (life).

So that is kind of how those two relate in terms of where you can get access to the certification criteria. The only currently available set has to do with the interim final rule which was published on January 13th of 2010.

The final rule for standards and certifications criteria we published like it was the last time synchronously with the final rule for meaningful use Stage 1. And you know, those two rules are forthcoming. I hope that helps to clarify a little bit.

Coordinator: Next question comes from (Ron Kerstin). Your line is open.

Woman: Thank you. Probably like a lot of organizations we'll probably be trying to certify more than one module outside of our main EHR. And I 'm wondering what the criteria would be for determining – and I heard a question in a previous call about if another product is already being certified as the completed EHR but you were only using that particular product for one aspect.

Let's say you're getting one of your – meaning one of your measure criteria out of that product or multiple measures. Would you need to seek further

specific certification for that one measure or the complete EHR certification would be sufficient.

And I wanted to kind of repeat that question, because I'm not sure I understood that answer previously.

Steve Posnack: Sure and let me try to see if I can set up the facts straight because this is going to be one that is really fact dependent. And I'll also give my caveat first again that for those of you that joined our call previously we can do our best to try and answer some of these questions with respect to how they relate to the rule up front. But to a large degree some of them will have to take back in and consider and make available as part of a more comprehensive FAQ database that we develop over time.

You know, some of these require some careful consideration with respect to their impact and how we answer them.

So if I understand the facts of the question correctly and part of that is actually going to be really helpful in terms of us seeing how we can best address the question.

It would be – if there is a complete EHR and that is something that meets all of the applicable certification criteria and lets see if we can pull an example this is hypothetical example. The complete EHR for eligible professionals includes an electronic prescribing certification criteria.

And there is one complete EHR that includes that, but then there is another and this is where I am going to try and see if the facts are straight. If there is another complete EHR system available whereby there is clearly overlap between the two. But on the second system they choose to use that electronic

prescribing capability versus the first electronic prescribing capability. Does that correct factual setup?

Woman: That is correct. I mean you may not be using all the capabilities of the second EHR system just certain aspects of it.

Steve Posnack: But both of them are complete in terms of the regulatory definition?

Woman: Correct.

Steve Posnack: That is something that I think you now, we'll have to go back and consider how that all plays out. You know the easier circumstances are when they are separable and the EHR modules that are combined.

You know, so if the – you had assembled two or three or four EHR modules that would authorize constitute a complete EHR and meet all of those you know, we've kind of addressed that type of situation.

But we – I think we're going to have to go back and really think about how – and then to – how to best answer your question in a way that will be accommodating of these types of situations.

Woman: Okay thank you. And a follow up would be to that there is some confusion to at least in my mind as to what ancillary products need to be certified. In other words, interfaces – programs that aggregate data. Programs that actually submit to agencies and do this different functions but they are not where the information is – originates or is saved long term.

Those kind of ancillary programs and solutions, what is your thought on those?

Steve Posnack: I don't want to preemptively answer – well let me caveat it this way. I as Carol mentioned responsible for the federal policy division which includes the regulatory development efforts. And have had a specific hand in the drafting of both you know, this rule and the standard certification criteria rules.

So I personally need to be careful of which segment of my memory gets pulled to answer specific questions and not answer a question that may be answered in the final rule for standards and certification criteria which hasn't come out yet.

And I think that some of those questions to a degree will be addressed and I guess I'd like to reserve the right to answer that at a later date.

But I do appreciate and (thank you all for) asking that will seek to ask questions or will have questions in the future.

The best thing and the most helpful thing that you can is really layout the factorial scenario for us.

Woman: Okay.

Steve Posnack: Because once we've got those facts we can really run it through what we call you know, a functional test of the regulatory test. And try to sort out either a potential interpretation or you know, another way to further address and clarify the comments and questions.

Woman: And how would we do that, submit that kind of question?

Steve Posnack: So I think we can – that’s a good seg way into one of the public service announcements. We have an email address set up and there is two email addresses actually. There is the generic ONC email address and I’m blanking at the moment I think it’s [ONC.Request@HHS.gov](mailto:ONC.Request@HHS.gov). Don’t quote me on that one.

Carol Bean: It’s on the Web site.

Steve Posnack: It’s on the Web site. So generic inquiries that may span across – if you don’t think it’s specifically related to the testing and certification aspect in terms of the temporary certification program do submit that – those type of questions to that email address and please try to identify in the subject line that it is related to testing and or I should say to either the final rules just so that the folks that monitor those inboxes can relate them to the proper personnel.

If you have a specific question related to the temporary certification program Carol will jump in with the email address for that.

Carol Bean: And that is [ONC.Certification@HHS.gov](mailto:ONC.Certification@HHS.gov).

Woman: Thank you.

Coordinator: Next question comes from (Jason Customin). Your line is open.

(Jason Customin): Yes good morning. Wondering what implications of this new certification process are for the certified system?

Steve Posnack: So they are – as Carol mentioned we’ve opened the application process for ONC authorized testing and certification bodies. They are presently none yet that have made it through the application process.

Previously certified products from a kind of regulatory prospective more so than anything else cannot provide any assurance or guarantee that they will include the capabilities that are going to be required for the final standards and certification criteria rule and also support then the final meeting for use requirements for Stage 1.

So the – I guess I would put it this way. The developers that had gotten prior certification at their own you know, voluntary free will and that have been following their requirements of the specified and the interim file regulation on standard and certification criteria will obviously have acclimated themselves to what was specified in that rule and will know a lot of what already you know, they will already have done a lot of the preparatory work I would assume to get their product you know, ready and tested and certified by an ONC ATCB once those organizations have been authorized.

(Jason Customin): Now there are a number of – well there is one particular demonstration being run by CMS around the implementation of Chip Certified EHR as meeting minimal functionality.

Assuming that these final certification standards come out before that five year demonstration is over, what are the implications for – what are the possible implications for that demonstration?

Steve Posnack: I think that that will have to be a question we can bring up with our colleagues at CMS that can best answer that question.

(Jason Customin): Thank you.

Coordinator: Next question comes from (John Donnelly). Your line is open.

(John Donnelly): Hello this is (John). Two questions, one is there any requirements imposed on the ATCB for turnaround time for completing a certification for a submitted system from a vendor?

And secondly are there any requirements on the vendor submitting to provide version numbers for their products in a way similar to how it is marketed?

Carol Bean: There is no requirement we are imposing no requirements on the ATCB's for turnaround time. I imagine you know, that we are trying to stimulate a competitive market and I imagine that turnaround time would be something on which they could compete.

But that said you know, I think there are aspects of the standard set that suggest how they should approach you know, queuing and things like that being fair about you know, who they do when those sorts of things which may impact turnaround time. But essentially that is up to how they do their business.

Steve Posnack: So with the respect to the second part of your question, Carol and I have worked out our tag team after all these calls. So we do specify that ONC ATCB report to us and also when issuing certification require the EHR developers to make available the version numbers and other specific information about those products.

We don't specific a format for the version numbers et cetera it's whatever the developer determines you know, based on its own categorization and version control, paradigm and (Skima).

But we do – we recognize that you know, there are numerous versions out there that we all deal with with respect to software. And we wanted to make sure that that was one of those pieces of information that are communicated to folks so there is no confusion.

Carol Bean: So we're essentially not defining the standards for versioning.

Steve Posnack: Okay thank you. That's a question that I think was in the direction of the EHR and EHR modules that we would at least have the requirement that anything that is sold in the HR module independently would require version numbers so that the providers could correlate that to how they installed products.

Carol Bean: Absolutely they are required to report the version number but we do not specify the format that that version number has to have.

(John Donnelly): Okay thank you.

Coordinator: Next question comes from (Anise Branton). Your line is open.

(Anise Branton): Yes my question is related again to the CCHIT certifications that were issued to qualified EMR's that are being used under the stark and any kickback exceptions.

And specifically if organizations have allowed their EMR's to use by affiliates in the community that were certified by CCHIT are they still in good standing after June 24th.

And until the new verification standards come out can we continue to extend our EMR's until those new standards start certifying?

Steve Posnack: Sure so this is another great question and it really shows the inner dependency of the health IT environment here. If you don't already have a copy of the temporary certification programs final rule we do go into great detail about how this plays out.

And I can provide a little bit of clarification with respect to the part of the process that ONC has affected.

And if you do get our final rule and you can download it from the federal register and this is the federal register official version which has the tri columns of text. It starts on Page 36,185. And it's Section L which discusses recognize certification bodies related to the Stark kick back rules.

For those of you that aren't familiar I'll do a quick bit of history. In 2006 the department published rules related to commonly known as Stark in the Kickback EHR exception in Safe Harbor.

As part of that there was a deeming provision that was identified that EHR could be – an EHR is actually the defined term in those regulations too to be aware of. That if an EHR was certified by “Recognized” certification by those recognized by the secretary which we shorthand called recognized certification body that those products would be deemed interoperable and to be donated in accordance with the other rules and procedures specified in the Stark Anti Kick back rule.

There is specific requirement that the in order for the project to be donated they need it to be certified by a certifying body within no more than 12 months prior to the date that it is provided to the recipient.

And we go into a little bit more specificity in the rule as to how that plays out. With respect to DTHIT as we identified in 2006 we published guidance which established like your hearing us discuss today an application process for recognizing certification bodies.

And in the context of this rule making which we acknowledged would happen in that guidance that upon the finalization of our rule making for a new application process any bodies that had previously been recognized under the guidance would need to reapply under this final process, this new final rule.

So, when this rule became effective and was published on June 24th, DTHIT has recognized certification by status to be applicable but the – we do offer the clarifications in our response to some of these questions that – I'm trying to get the right specific language here.

So it says – where is my language. Loss of recognized status under the certification guidance document which was the prior application process that we identified, upon the effective date of this final rule does not impact the fact that certifications made by CCHIT were recognized under the CDD were made by a body recognized by the – well, were made by recognized certification body.

So, previously certification prior to the effective date of this final rule were still done underneath the offices of the certification guidance document. And they still have that standing.

Anything now since that would – anything fresh would need to be done by someone that is authorized by the national coordinator as an ONC ATCB.

(Anise Branton): So could I get some clarification so if say a version 2009 version was certified and you're still extending that you're okay. If the 2010 version has not yet you can't extend that until you move to the new date gets certified under the new process?

Steve Posnack: And I don't want to – so if you have specific comments...

(Anise Branton): Yes.

Steve Posnack: On the applicability of the Stark kickback rules have it directed to OIG and GMS because they are the primary owners of those you know, regulatory provisions.

Again I would point you just to the timing aspect. With respect to the donations. So it can be donated if a certifying body recognized by the secretary had certified the software within no more than 12 months prior to the date that it is provided to the recipient.

So if something was certified in early 2009 it may exceed that 12 months already.

(Anise Branton): And could you just repeat the page number please.

Steve Posnack: Sure it's – and you have to pardon me it's you know, the Federal Register has many pages.

It's 36,185.

(Anise Branton): Great thank you.

Steve Posnack: So 3-6-1-8-5 is where that – it's in the middle – it starts in the middle of the middle column.

Coordinator: Next question comes from Dr. (Lee). Your line is open.

(Lee): How can you hear me?

Steve Posnack: You're on.

(Lee): Hi. Are you the same two people who presented at 10 o'clock.

Steve Posnack: You got us.

(Lee): Well for those who did not hear I want to thank you for your clarity and your friendliness.

Okay, I have two questions one, let me see if I can explain my question. For those practicing medicine and I notice that this conference is for hospitals and clinicians. So I think its (Germaine).

The hospital institutional DHR a little different from office practice. And the reason is following, in the hospital lets say for three days with bad pneumonia that is a voluminous because you have temperature every two hours, your blood test so and so forth. And multiple providers are entering to the racket.

Versus, a office practice EMR with one doctor, one patient and certain documents from the hospital like the x-ray report, the MRI the pathology report on (Germaine) where the every two hours temperature and blood pressure and vital signs are not (Germaine).

So is it possible to get certification only for the office practice EMR and not the institutional one.

Steve Posnack: If I understand your question I'll try to answer it this way. The meaningful use requirements as even they were proposed and that is what I'm going to rely on right now to provide the context for my answer, were different in some situations with respect to the type of setting.

So whether it be in an ambulatory setting or for an inpatient setting. And you know, they related to eligible hospitals and critical access hospitals.

So, an example of one of the proposed requirements was to provide electronic copy of discharge instruction and the discharge information.

So that would be a – and what we did in the interim final rule is we adopted certification criteria that specified that a complete DHR and EHR module design for an inpatient setting would need to include that capability.

So there are certain capabilities that are applicable and will be (Germaine) to someone needing to achieve meaningful use in an inpatient setting. And those that will be applicable in (Germaine) to you know, an office a doc in an ambulatory setting. And there will be different capabilities that they'll need to meet.

So I don't presume that if you adopted a ambulatory DHR for an inpatient setting that it would give you all the capabilities you would need.

(Lee): Yes, I think you answered the question. So what I think we are saying is that you could have an ambulatory office practice EHR certified according to the criteria meeting for use by itself without being having to be an inpatient one.

And of course, the outpatient EMR will include the discharge summary from the inpatient, like an interoperability. I think you answered it. Thank you.

My second question is, is it correct that in order to get the stimulus money you need to meet two criteria. One, you need to use and certify the newly certified EMR. And two, actually use it correctly according to meaningful use. Is that correct, you have to meet those two criteria not just one criteria.

Steve Posnack: I don't have my stats in front of me. But, it's the general understanding is kind of the just of it the statute – the high tech act puts out specifies requirements in order for the incentive payments to be provided. One of which includes the use of certified EHR technology and then that is followed by certain requirements that are (Germane) to both eligible professionals and eligible hospitals that they need to meet in order to achieve meaningful use.

And once someone has – can demonstrate that they have met the measures that will be specified in the forth coming final rule, then they would qualify for the incentive payment.

The other thing that I do need to note though, is that there is a difference between the Medicare EHR Incentive Program and the Medicaid Incentive Program depending on who qualifies.

And under the Medicaid program for the first year that someone is eligible to receive incentive payments, all they have to do is adopt, implement or upgrade if I believe I've got the three words properly to certify the EHR technology in order to receive an incentive payment they don't necessarily need to meet the meaningful use requirement that first year.

(Lee): Thank you.

Steve Posnack: I think we have time for one more quick question. And again, really appreciate everybody's time.

Coordinator: And the last question will come from (Barry Wagner). Your line is open.

(Barry Wagner): Thank you. My question is as you proceed through the certification process how do we as users determine which of the systems or applications that we use are considered EMR modules. And therefore we should expect them to be certified.

Steve Posnack: So the – at the starting point an EHR module is a regulatory definition because I – and I have to stress that too because I know that the term module is an overloaded term just like the term standard is used for multiple purposes and multiple contacts.

I have grown to appreciate that the term module is also used for multiple purposes and multiple contacts.

We define in the interim final rule that an EHR module and I'm paraphrasing now is something that meets at least one of the certifications criteria adopted by the secretary.

So it could meet solely one of those certification criteria and provide those capabilities or, it could be something that meets three or four or seven or eight. If it meets all of them then it would pretty – it would otherwise – it would be a complete EHR in terms of that regulatory definition.

So if you've got something that is less than a complete EHR which would be one capability or for those of you that are in a mathematic – a complete EHR minus one. Anything in that spectrum would be considered an EHR module.

(Barry Wagner): Great thanks.

Steve Posnack: Mm-hm. So on behalf of Carol and I, I want to thank everybody for your time. For those of you on the west coast thank you for waking up and having your breakfast with us.

And we really appreciate your input, we appreciate your questions and you know, as I mentioned earlier you know, we will be building a larger body of FAQ's as time goes on. And thanks a lot.

And the transcripts and other information from these info sessions will be available on our Web site.

Carol Bean: Okay, thank you.

Coordinator: That concludes today's call. Thank you for participating. You may disconnect at this time.

END