

NWX-HHS-OS

**Moderator: Janet Marchibroda
August 25, 2010
12:00 pm CT**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. After the presentation we will conduct a question-and-answer session. To ask a question, please press star 1.

Today's conference is being recorded. If you have any objections, you may disconnect at this time. I'd like to introduce your host for today's conference, Carol Bean. You may begin.

Carol Bean: Hi, thank you for joining us today. My name is Carol Bean as he said. I am the Director of Certification at the Office of the National Coordinator for Health IT. This is an information session intended to provide an overview of the temporary certification program that HHS is rolling out right now.

We have done several of these information sessions and we've participated in a number of these for other agencies or other divisions in Health and Human Services so you may be getting familiar with my voice by now.

One of the things that we've been doing is collecting all of the questions that have come in to us either orally or via the certification information mailbox which I'm going to make several plugs throughout this thing.

Please send your questions if we don't answer them or get to them to onc.certification@hhs.gov and I'll repeat that a couple of more times but we collect these questions.

We are developing a set of FAQs, both in terms of what the regulatory requirements will be or are, what some of the interpretations with respect to the regulation and the program are, what some of the operational questions are. We've got a very large set of questions that we are analyzing and we are going to be posting this to the Website so that everybody can see them.

It's going to be probably a few more weeks before that's available but please be assured that we use this information to help us develop communications materials but also to help us with our operations so that's kind of a public service announcement but it also will tell you, explain a little bit about the structure of this particular session today which is going to be in terms of questions and answers.

I'm going to structure my comments today as questions and answers. Hopefully it will provide the overview that I promised you and as well dive into a couple of places where we're getting a lot of questions about details so I'll just start off. Why do we have to certify EHR technology?

Well, it's mandated by the HI-TECH Act which is part of the Recovery Act that was passed a year and a half ago and in that, ONC - the Office of the National Coordinator - is charged to develop certification programs for health

IT in order to support the meaningful use of certified electronic health record technology.

Now certification is required in order to qualify for the CMS incentive programs for EHR adoption so eligible professionals in hospitals who seek to qualify for these incentive payments under the Medicare/Medicaid EHR incentive programs are required to use “certified electronic health record technology” so what is electronic health record technology?

In very plain simple language, these are - certified EHR technology - is the products or systems, the technology which has been tested by authorized bodies against the standards and criteria that were adopted by the Secretary via regulations and they're thereby - the products and systems or technology - is thereby certified to have at least the minimal capabilities that are necessary to support users in their efforts to meet the meaningful use objectives.

So what does that mean? Essentially - and why do we do this - essentially certification provides assurance to purchasers and other users that any EHR system or other technology offers the necessary technological capacity, capability, functionality, security to enable them - to enable them, let's emphasize that - to meet the meaningful use criteria that are established in a given phase.

Certification itself does not satisfy that. Certified technology does not do it. The user has to do this, has to actually meaningfully use the certified electronic health record technology so how do we get certified electronic health record technology?

Well, people develop the systems and products and in order to be certified, they will take these products to an ONC-authorized testing and certification body or an ONC ATCB, an ATCB for short.

These bodies are authorized by the Office of the National Coordinator to do the testing and certification in conformance with the standards and the certification criteria and the implementation specifications that are adopted by the Secretary and this is very closely aligned - these criteria - are very closely aligned to the meaningful use criteria but they are not the same as the meaningful use criteria.

The standards and certification criteria against which the ONC ATCBs will test and certify were published in the final rule that was published in July of 2010.

Now so the use of certified CHR technology is required but it is not sufficient to achieve or meet the meaningful use requirement to qualify for the incentive programs. It is the means to that end or is a necessary means to the end.

In addition, there are requirements that are specified by Medicare and Medicaid incentive programs that must also be met that we don't have anything to do with so the ATCBs will do the testing and the certification of the technology so what gets certified?

Well, we have the capacity to certify - these bodies - will have the capacity to certify complete EHRs and these are EHR technology systems products that are defined to meet all of the criteria and requirements sort of in a combination in itself - in and of itself - or the requirements can be satisfied by getting module certified so what's a module?

The definition of a module is maybe a little bit strange but it's fairly clear and very precise. In the regulation, a module is defined as any service, component or combination thereof that can meet the requirements of at least one certification criterion, those adopted by the Secretary.

Now that might seem a little backward but we need that in order to be able to map very specifically to the criteria so the requirements are clear, the criteria are clear.

What is needed is very clear and in addition, we got a lot of comment and we want to comment about innovations and if we defined what all of the modules were in advance, then we would not be allowing for innovation in the industry or in a specific setting.

A hospital setting may develop things that meet their own needs and we don't want a priori in any way stifle that innovation or exclude them from being able to get these systems certified under this program so if it meets one of the criteria, by definition it is a module and so that is what is being tested and certified and there is a process so how do I know what I need to get certified?

Well, if the functionality is required to meet the criteria and it's contained in the system, then it's a module that's outside the EHR, it is a module and has to be certified.

If the system and this is something that we've gotten a lot of questions about, if the system outside the EHR is collecting data, is analyzing data, is generating data, reporting these clinical quality measures directly for the reporting, then it needs to be certified.

If it's indirect, if it is reporting into some other system, some other tool, some other product that then is doing any of the analyzing, reporting, generation, those kind of things then the one that's feeding into that product does not need to be certified but the one that is being used directly to report, analyze, generate the data for the reporting does.

And so we're trying to be very clear conceptually about what this is and what is required to be certified exactly but you know, we don't want to limit creativity.

We don't want to limit what we cannot possibly know in advance what all the possible ways of meeting these criteria are and we want to allow for people to be able to do this and to be able to do it in a way that meets their needs locally and satisfies what their own requirements are.

So what has to happen during the testing and certification process, there's an interaction between the vendor or the developer and the ATCB during the process of product certification which allows the vendor or the hospitals to define and describe a module that's based on the definition of the module in the rule.

So we're trying to be extremely flexible and that's why we are not really able to answer in a broad - and I'll give you a list - of here are the modules. We gave a couple of examples, possible examples but those were just intended to be exemplary in the example meaning.

And food for thought. This is by no means intended to be a comprehensive or exhaustive list and we expect there to be quite a bit of innovation, quite a bit of creativity going on out there.

So we do not want to constrain functionality or definitions so who - let me look through my list of questions - I have a lot of questions about timing. I'll say that in just a minute. I want to make sure that I've covered the points here.

Okay. Well, let me go ahead and talk a little bit about timing. When will the certification bodies be authorized? When will certified products be available? How long will it take for certification bodies to certify the products? When can I see a list of these products?

Okay. We expect to have the initial - the first set - of authorized testing and certification bodies authorized this summer. We are on target for that to meet that goal but I would say right now that there have not yet been any bodies authorized by the National Coordinator or by HHS or by anybody else to test and certify under this program.

So if you have questions about a particular organization, you would need to go to those organizations but I can tell you right now, broadly, blanketly, whatever, there are no authorized bodies at the present time but there will be soon so stay tuned and we expect to make announcements very soon but we have been saying, you know, our mantra is we're intending to do it as fast as possible but we've got to get it right.

This is really important so when will the certified products be available? Well after the ATCBs are authorized, they will be and undergo a mandatory training which enables us to normalize across the different testing and certification bodies and enables us to be sure that interpretations are clean, that people know how to use the test tools.

They've already passed a proficiency exam, but make sure that any updates are understood and that they're ready to go, ready to hit the ground. And this

will be done immediately after the bodies are authorized and as soon as they are authorized, they may represent themselves as ONC ATCBs but they will not be allowed to test and certify until they satisfactorily complete the mandatory training which will happen within a few days, you know, very shortly after the authorization itself.

Then they will be in business and they will be able to certify products and to report those products to ONC. They will report certified products to ONC at least once a week. We will post them on our Website on a tool called the chapel, the Certified Health IT Products List, the chapel.

This is an aggregated list of all of the products, the modules, complete EHRs, everything that has been certified under this program. Information about each of those products will be available there on the chapel, version number, vendor, that kind of information but most importantly perhaps - most important to us - is that to which these products and systems have been certified.

So each of the criteria that the module or this complete EHR has been tested and certified as passing, as being able to conform. That's what the chapel is going to look like right off the bat.

Eventually the chapel will gain additional features that will enable someone to put in information about here's what I have, what do I need and so they'll be able to identify the differences between what they have and what they need in order to have a complete certified EHR system whether modular or in a complete single package.

It'll also allow them to know well I've got all these pieces. If I add them all together, if I aggregate them, does this add up to certified EHR? Well, the

system will be able to based on what the individual pieces have been tested and certified to, we'll be able to let you know whether in the combination - in the aggregate - this combination of modules does satisfy the requirements of complete EHR.

The final thing that the chapel will do is provide a number that can be used to report to CMS in terms of their reporting for the incentive payment EHR to attest that you have certified EHR technology and you've got a complete, you know, everything that you need, you'll have this number and you report that to CMS and it is auditable.

So let's see. One set of questions that have come up a number of times is how ONC is going to monitor this program. How is ONC going to monitor the market to be sure that certification is occurring on a timely basis? How do I deal with complaints? I'm having problems.

How do I report complaints? How are you monitoring - what steps is ONC taking - to assure that certifying bodies will put an equal amount of focus on different sorts of systems?

Now this is our operational - this is how we are operationalizing - these. Now there are many moving parts obviously in this program. We will be monitoring both the market. We are monitoring numbers, times, durations, how fast, how frequently things happen.

With respect to that will be reported, we must report these as part of our requirement under the HI-TECH Act since we have to report many, many measures about this program but as far as complaint reporting, that's something that people are concerned about.

Of course I would like to say what complaints? We don't anticipate complaints but the procedures there are that obviously if you're having problems with your system, the first resource is your vendor itself to go ahead and deal with your vendor.

Vendors are required under this program - one of the things - I'll tell you in a minute - I'll finish this statement - are required to under this program report any complaints that they receive to the certifying body and to keep a list of those complaints.

We also are requiring that we will be monitoring going back and forth with the certification bodies that test ATCBs on a regular basis to determine what kinds of complaints they are receiving, both about products and about the process of certification.

And finally we will be setting up a process for complaint registration and resolution here at ONC but we expect that complaints with the product would be taken up first with your vendor, then second with the process will be taken up with ATCBs because it may be something that can be dealt with very specifically and very locally.

How do we assure that one of the ways that we're monitoring or because one of the mechanisms that we're using to monitor is essentially sort of done ahead of time.

This whole program is based on international standards and procedures for performance assessment and this is how we know that the programs will be able to provide that - or that the technologies - will be able to provide that which is promised because we have designed this thing around international standards and best practices.

So for example, to ensure that there's no conflict of interest, to ensure that they are balanced, that they are impartial, that there are nondiscriminatory in their practices, we as part of the authorization program or process required them to describe those things for us, to show us their procedures, to show us their manuals, to show us the steps that they take.

What are their policies? How do they deal with this? These were reviewed in great detail by a board, a review panel and anyplace that if it was in, you know, as we're going through this if we have any questions, we go back to them.

It's a reiterative process and that's one reason why it may feel like it's taking a long time for us to do this but we need to be assured that this process that is being established is a good one and that it follows all the best practices and the international standards for conformance assessment.

So we evaluate them in advance. We evaluate their policies and procedures in great detail and then we do monitor as I said monitor very closely to ensure that these things are going on as they have promised.

We also meet with them. We'll be meeting with them on a regular basis, have regular training sessions, regular discussion communication sessions with them so that we can get feedback from them.

We can hear what's going on in a very real - we will be doing site visits in addition to all of this - and the other complaint systems that I discussed or that I mentioned so I think I've covered many of the questions that have been asked. I do want to leave time to allow questions from the listeners.

One of the final things that I would like to clarify - I believe it's the final thing, I'll check my notes - so why do we have this temporary program? Why not just jump right into the permanent program?

Well, this is because we had in the proposed rule - the NPRM that we put out in March - we proposed two programs, a temporary program and a permanent program. The desire and our need to both act quickly and to have something that can serve all the needs and be a rigorous, robust, basically an absolute solid gold process.

These two needs are a little bit in conflict in terms of what is the best possible procedure and process that we can have but then how can we get that set-up and running in the quickest time possible?

And so what we have done is taken the key elements - the most important aspects of the solid gold program - and put them together in a program essentially the major component here is that ONC - the government - has taken on some of the roles that we have proposed in the permanent program be taken on by the private sector even though there's a lot of this temporary program in the private sector.

We have retained some of the responsibility - not the responsibility - but retained some of the roles and the functions that will be taken on or that was proposed to be taken on in the permanent program on ourselves that we really would like to see in the private sector ultimately but going ahead and doing that.

So in the interest of being able to get something out as soon as possible and as I said, we expect to have this temporary program - the certification is not temporary - it's the program and that just signals that we do have an even

better, even more rigorous program coming and it's going to be a lot more complex.

If you're familiar with the rules, it's more complex, even more rigorous. But the temporary program retains all of the rigor, all of the standards and the best practices that will be found in the permanent program so that we can say with confidence and can provide the assurance to the purchasers and the users of this technology that they need to have in order to go forward with this program.

So I think that then answers all of the questions that should be out there. No, I'm just kidding. At this point, we're going to stop and I'm going to stop my comments and the questions that I think are frequently-asked questions and allow the listeners an opportunity to ask us questions here.

Thank you very much and I want to say one more time before I turn it over, please if you don't get your question answered today, send it to our e-mail box which is onc.certification@hhs.gov and we're now going to be turning it open to the questions.

Janet Marchibroda: Before we jump in, just a couple of quick things. On our last call, we had a number in the queue who weren't able to get their questions in so we'd ask you to view and the moderators going to open it up, when you ask your question, please share with us who you are.

Please limit yourself to one question. We've got lots of them we want to get in and while we appreciate all your comments and your feedback and be sure to send them to onc.certification@hhs.gov. We'd like you to refrain from comments and let's really focus on the questions so with that, let's go to the first one.

Coordinator: If you would like to ask a question, please press star 1. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To withdraw your question, press star 2. Again if you would like to ask a question, please press star 1. Our first question comes from (Basil Hurani). Your line is now open.

(Basil Hurani): Hi, thank you for this conference. We appreciate all of the clarification that you've done. My name is (Basil Hurani) with (Paul Systems) and my question has to do with whether ONC is going to require the certifying bodies to publish clearly their bandwidth and relation to number of employees or processes in which they will employ to certify EHR systems.

So that the vendor can choose smartly which certifying body is going to service them faster so that vendors are not held hostages by simply selecting a particular certifying body and then having to wait for a long period of time while other certifying body are processing certifications faster.

I'd like clarification on what are the requirements of ONC to publish and make the bandwidth of each certifying body visible so that the vendors may choose properly.

Carol Bean: Okay, you know, that is a really important issue and I know that there is some concern about that or at least curiosity. Now I say that off the top, we do not have any requirements for what the ATCBs must publish; however, I would say respond, you know, in terms of what their bandwidth is, what the throughput and kind of things like that.

However, I would say three things: one, we in the evaluation of their application of their organization, we look to see what the processes and

procedures, their personnel, how many people, you know, who they have assigned to do what, what kinds of qualifications their folks are, that sort of thing as part of our evaluation as to whether or not they could perform in this high-demand, high-throughput environment. So that's the first thing.

The second thing is I would imagine because this is a very, very competitive market that that would be something that the ATCBs will make known and will want you to know is how fast they can - the vendors or the developers - how fast, what is their turnaround time, those kind of things.

I suspect that they will actually compete on that basis in many situations, and moreover the final thing -- and this is actually I would say the final thing I would say about this -- is it's not the solution, because it's sort of the after the fact. If there are problems with feeling like you're being held hostage, if an ATCB has misrepresented their capacity to you as a vendor or a developer, then that's where you would report this via a complaint system.

If they've misrepresented their ability and the capacity to handle your issue then go forward but I think the biggest answer is we tried to take that into account ahead of time and are only authorizing those that we believe can function in this market. Thank you.

(Basil Hurani): Am I still on?

Janet Marchibroda: Next question, please.

Coordinator: Our next question from (Habisia Inaferupu). Your line is open.

(Habisia Inaferupu): Hello, this is (Habisia Inaferupu) from iFinity Incorporated. My question's about on the HR software that is using another external product, for example,

the HR product we have uses and external e-prescribing product that through which we do all our e-prescribing.

When we go to the test, if the e-prescribing product hasn't been certified yet as an EHR module, can we still go through our certification and obtain our certification as a complete EHR?

Carol Bean: It would need to be if it is required for the certification as part of the criteria, as part of the requirements, it needs to be certified before you can have a complete certified EHR so functionality is required.

Janet Marchibroda: Thank you. Next question.

Coordinator: The next question comes from (Alissa Moreno). Your line is open and I have 16 questions left in the queue.

Janet Marchibroda: Thank you.

(Alissa Moreno): Hi. Can you please tell me if you publish transcripts of these calls on your Website?

Carol Bean: Yes, we do, and I think it probably takes about a week or so to get that posted but we will publish the transcript. Thank you.

Janet Marchibroda: Next question?

Coordinator: The next question comes from Nancy Vogt. Your line is open.

Nancy Vogt: Hi, Nancy Vogt from Aurora Healthcare. I still am a little bit confused about certification requirements for the delivery of the electronic copy of health information to the patient.

If we have an interface between our patient portal and our Web system which is our own homegrown created portal, but we have an interface for the actual - the CCD is proposed by the EHR - and then transported via the interface to the portal. Does that portal need to be certified?

Carol Bean: Yes, it does.

Man: In order to meet the criteria for providing access to it.

Nancy Vogt: Because we're delivering via the portal?

Carol Bean: In order to meet the criterion for providing access - electronic access - then the portal would need to be certified in the situation that you have just described.

Nancy Vogt: Can I clarify that I'm referring to the meaningful user or am I providing an electronic copy of health information to the patient?

Carol Bean: I think that probably one of the - I would love to answer this and to have this discussion - but I think this is possibly a very specific - almost too specific - for this circumstance. And I don't feel really comfortable answering specific questions about the system without knowing a little bit more and having the opportunity to discuss and have this conversation back and forth.

And I would encourage you and anybody else that has a very specific individual question to contact us off-line and we can discuss this at leisure but I think that, okay.

Nancy Vogt: So I make that contact via e-mail or phone.

Janet Marchibroda: Yes. Use onc.certification@hhs.gov. It would be really helpful for you to e-mail that question.

Nancy Vogt: Okay, thank you.

Janet Marchibroda: Thank you. Next question?

Coordinator: Our next question comes from (John Travis). Your line is open.

(John Travis): Hi, this is (John Travis) with (Cerner). I have a question about labeling on the practice of labeling for certification. Specifically there was a provision in the temporary program rule on inheritance for lack of a better word and it seemed to describe a process that over time a vendor could disclose to the certifying body additional versions of products that should be able to benefit from the certification once it's achieved.

We are looking more likely to certify more than one version at once to reflect several versions of our product that are prevalent in productive use with our clients.

Do we need to - I would think - we could go through one inspection on whatever's the oldest version and the claim holds that the software really hasn't changed for the meaningful use components, have that inherit forward to the other versions we'd look to get recognized at the same time, if that makes sense.

Is that an appropriate interpretation or are we looking at having to do multiple certifications for those different versions? I imagine every vendor on the call would have the same kind of question.

Carol Bean: I think that as we communicated before, this is an excellent, you know, with you, this is an excellent question and we are working through the answer. It's very complex and we will get to you as soon as we have the answer that is appropriate. We do not want to answer prematurely. Thank you.

(John Travis): Thank you, Carol.

Janet Marchibroda: Thank you. Next question?

Coordinator: Our next question comes from (Mark Segal). Your line is open.

(Mark Segal): Yes, thank you. If a provider purchases a complete EHR and it's properly labeled and certified but having done that, they choose to use an alternative certified module, for example for e-prescribing for one of the functions.

Does that in any way affect the validity of the certification for the complete EHR for the rest of the functions?

Carol Bean: No, it does not. Thank you.

(Mark Segal): Thank you.

Janet Marchibroda: Thank you. Next question.

Coordinator: Our next question comes from (Leanne) calling from Dr. (Piper)'s office. Your line is open.

Janet Marchibroda: (Leanne), do you have a question?

Coordinator: Our next question comes from Mary. Your line is now open.

Janet Marchibroda: Mary, please announce who you are.

Mary Conti: Hi, I'm Mary Conti from the Medical College of Wisconsin and my question is is it possible to have a data warehouse which would have multiple modules be certified?

Carol Bean: Theoretically, yeah. I think that's another question that we'll probably need to take offline. I think you probably have more information there than you've just given me so send it to onc.certification@hhs.gov and we can talk at more leisure on this. Thank you.

Coordinator: Our next question comes from (Ryan Alverson). Your line is open.

(Ryan Alverson): Hi. Thanks for taking my call. In last week's session you mentioned that certifying bodies would not be allowed to have private certification outside of their ATCB authorized certification.

Reading between the lines, does that mean that an organization like (C-chit) which has announced that they are moving forward with private certification would be unable to also retain an ATCB authorized certification?

Carol Bean: I'm really glad that you got that question if that is the perception that is out there, that it's not correct. We do not prohibit or exclude the ATCBs from - we would not have any ATCBs - if we tried to tell them what else they could do.

They have - they're certainly able - to do what you call private label certifications and many of them actually test and certify in other industries, you know, completely removed from this one.

And they are welcome to go ahead and pursue those business opportunities that they want. They are welcome to pursue some kind of additional certification type of program within the health IT arena.

We do not exclude them from doing that; however, they have to if they are going to certify in our program, they must follow all and only our requirements and our criteria. They cannot add things to our criteria and call it HHS certification.

They've got to be very clear and work only with our standard certification criteria and implementation specifications. They must use our procedures for the programs that - for the certification - that is being advanced under this program but we are not prohibiting them from doing other kinds of certifications on their own so thank you for asking that question.

(Ryan Alverson): Thank you.

Coordinator: Our next question comes from Lisa Rawlins. Your line is open and I have nine questions left in the queue.

Lisa Rawlins: Thank you and good afternoon. This is Lisa Rawlins with the South Florida Regional Extension Center and my question really mirrors that of (John Travis) from (Cerner).

If our partners have different versions of their product already out in operations, which product has to be certified to move forward and meet meaningful use. I guess I'll be waiting for the response to that.

Carol Bean: Could you tell me - could you repeat - the actual question so that we can capture it?

Lisa Rawlins: Well, as a regional extension center our goal and mission is to make sure that providers meet meaningful use through the use of a certified EHR product and in doing so, we're working with vendors locally that may have already installed different versions of their EHR product depending upon when it was purchased.

It would depend upon the version that the client would have so in the example (John) from (Cerner) gave, it may be version 4.0 is in one facility and version 5.0 is in another facility and how can we be assured that the (Cerner) version that our client is working with is the certified version?

Carol Bean: All certified products will be listed on the chapel and part of what the information that is listed with that will be the version that is there. If the versions are materially - and this is as far as I'm going to go on this answer - but if the versions - different versions - are materially different with respect to satisfying the criteria required for certification then they would need to be - each version - would need to be certified separately.

But that then is an issue between - an issue that the ATCB - would need to be worked out with the ATCB. As vendors upgrade, update, you know, increase versions of their software, they would need to report these version changes to the ATCB. This is all in the rules so I'm not telling you anything that's not already out there.

But they need to attest to the ATCB that they're working with, what changes they have made to their software - this is going forward of course, this is not for things that are just out there, I already answered that. Every version that's different must be certified - but as they make the changes to their software, they need to attest and report these changes to the ATCB and work with them to determine whether these changes materially affect the functionality that was certified - was tested and certified - and either it's okay to just to continue under that certification, the original certification would extend to that or they may need to get that retested and recertified.

But that again is something that needs to be done individually so thanks. If you have more questions, go ahead and send it in and we will post these answers in our FAQs.

Janet Marchibroda: Next question? I know we don't have much time left so quick questions please and we'll try to get everyone in.

Coordinator: Our next question comes from (Maria) calling from Stanford Hospitals and Clinics. Your line is open.

(Maria): Hi. My name is (Maria). I'm calling from Stanford and my question is more in the lines of the provider enrollment and what the requirements are for physicians to enroll.

Carol Bean: That I'm going to have to refer you to CMS and they have extensive FAQs and information and a mailbox that you can ask those questions to so I would refer you to Center for Medicare and Medicaid Services.

Janet Marchibroda: Next question?

Coordinator: Our next question comes from Peter Botdke. Your line is open.

Peter Botdke: Good afternoon, Peter Botdke from WorldVistA and good afternoon from the East Coast. If a product is certified by a vendor - an open source product - is fully certified, can it be with the permission of the original certifying vendor rebranded by a second vendor?

Carol Bean: Oh, I'm not going down that path. There are intellectual property issues, legal issues. I just can't even touch that one.

Janet Marchibroda: Please e-mail your question to the onc.certification@hhs.gov. Thanks, Peter. Next question?

Coordinator: Our next question comes from (David Lee). Your line is open.

Janet Marchibroda: (David)? Next question, please?

(David Lee): Yea.

Janet Marchibroda: Oh, we've got him.

(David Lee): This is (David Lee) from eRecord. Sorry about that. My question is would the list of certified EHRs also have EHR vendor profile information that can assist providers with the assessment of EHR vendor long-term viability?

Carol Bean: No, it's not there but you can contact the vendor to, you know, there'll be information on how to contact the vendor to be able to discuss some of those things and I imagine that there will be other opportunities, people to do reviews and things like that but that is not part of the chapel.

Peter Botdke: Okay, great. Thank you.

Janet Marchibroda: Next question?

Coordinator: Our next question comes from Malcolm Duncan. Your line is open.

Malcolm Duncan: Hello, hi, my name is Malcolm Duncan. I work with All About Medical Billing. I am looking at using an open EMR through a vendor - a vendor that I selected - and I was wondering are you all going to be considering using certifying open EMR and will it be certified per the vendor and the version that they had put out? Because I know there's other companies that are also rolling-out the open EMR and having their own versions so how will that work?

Carol Bean: EHR technology is EHR technology and so we're not discriminating against the source of the technology and this may address the other gentleman's question a little bit.

There's a lot of shifting and moving and stuff that goes on out there in the industry. We purposely developed this program to allow for open source for self-developed, for modular, for all possible combinations that we could think of and so we do not want to - we have not - we have designed the process and the programs to not discriminate against or to be non-exclusive to any particular type of product.

And the ATCBs are basically required to have the capacity to deal with all of these. That's another thing that we evaluated was their ability to deal with the variety that they would be confronted with in this market so...

Peter Botdke: I see, okay, so just to re-say it real quick, so company X would be listed on your Website as with version X has been certified and so therefore that way I would be able to know; is that right?

Carol Bean: As I understand it, yes. As I understand what your assertion is, yes, that is correct. Thank you.

Peter Botdke: Where would I find the meaningful use list for the EHR and for the provider in order to make it meaningful?

Carol Bean: Okay, that's Question Number 3 for you. I would ask you to send all the rest of your questions to onc.certification@hhs.gov but that you would need to go to the CMS Website for. Thank you.

Peter Botdke: Okay, thanks.

Janet Marchibroda: Next question?

Coordinator: Our next comes from Robin Raiford. Your line is open.

Robin Raiford: Hi, thanks very much, Robin Raiford from Eclipsys. Carol, a question on when do you have to be on the certified EHR? Is it on day 1 or sometime during that first 90 days?

(Judy Murphy) asked me a question on HIT standards and care and answered that it was sometime in the 90 days but I cannot find that in the regulation of ONC or CMS. Can you elaborate or could you post it in your FAQ where it - what the answer is?

Carol Bean: Actually, Robin, thanks. I would point you to the CMS Website. I believe they have addressed that specific issue in their FAQs right there.

Janet Marchibroda: There are about 50 FAQs up on their Website. If you don't see it, send it to this e-mail address and we'll forward it to the person at CMS.

Robin Raiford: Thanks very much.

Janet Marchibroda: Thank you. Next question?

Coordinator: Our next question comes from Shari Bedar. Your line is open.

Shari Bedar: Hi, this is Shari Bedar at Children's Hospital Boston. We're an academic medical center with multiple vendor systems plus homegrown systems so we'll be taking a modular approach. We've heard the term site certification thrown about. Is this an official concept that or an official way we can get certified?

Carol Bean: No. We're not aware of this concept.

Shari Bedar: So we would be really looking to do certification of each of the modules that we would have homegrown?

Carol Bean: It's really going to depend. I would think that you would be best served to contact us directly.

Shari Bedar: Okay, thank you.

Carol Bean: Thanks.

Janet Marchibroda: Next question? We only have about four minutes left.

Coordinator: Our next question comes from (Basil Hurani). Your line is open.

Janet Marchibroda: You were already on. Could we go to the next person in the queue? I'm sorry. E-mail your questions.

Coordinator: Our next question comes from (Colleen Hartwick). Your line is open.

(Colleen Hartwick): Hello, I'm (Colleen Hartwick) with Eclipsys and my question centers around if you have any estimated turnaround time for questions that have been submitted to your e-mail addresses. Because I know we have several that have been out there for weeks, and I understand you're probably inundated with questions but I was just wondering if you had an idea of a turnaround time.

Carol Bean: I am sorry for the delay in responding. You're right. We are inundated not only with questions but trying to get this program up. That's still not an excuse. We need to be responsive and so I will apologize again.

I will say send it in again. I thought we were caught up so that's very useful information, at least when you say weeks and weeks. I thought we were within a week of that and so that's one reason why we're developing the FAQs because we know that we need to be responsive.

Please resend it and I say that to anybody who feels that we have not been responsive to you. I apologize and say please resend your question and we'll post what we can. We'll respond to what we can and we're doing the best we can in trying to figure out additional ways that we can be responsive. Thank you.

Janet Marchibroda: One more question.

Coordinator: Our next question comes from (Lisa Chase). Your line is open.

(Lisa Chase): Hi, this is (Lisa Chase) with MicroFour. Is the ONC going to regulate how much ATCBs can charge for the certification process?

Carol Bean: No. We have - the standards and the international standards to which I referred that they have been evaluated on - requires them to have reasonable prices and set their prices as fairly and that kind of thing but we are not regulating their prices. Thank you.

Janet Marchibroda: So with that, that concludes today's program. Please, please send - I know there are others in the queue - please send those questions over to onc.certification@hhs.gov so ONC can be responsive to you.

Carol Bean: Thank you very much.

Janet Marchibroda: This concludes our program.

Coordinator: Thank you for participating in today's conference call. You may now disconnect.

END