The Office of the National Coordinator for
Health Information Technology

2015 Edition Cures Update
Master Table of Related and Required Criteria
Version 1.1 Last Updated 08/03/2020

Please consult the Final Rule entitled: *21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program* for a detailed description of the certification requirements. We also encourage developers to consult the Certification Companion Resources as they provide clarifications that may be useful for product development and testing.

Privacy and Security

The revised Privacy and Security (P&S) certification approach for the 2015 Edition Cures Update was adjusted so that each certification criterion has a set of appropriate P&S "safeguards" that must be in place. It is required that an ONC-ACB must ensure that a Health IT Module presented for certification to any of the certification criteria that fall into each regulatory text "first level paragraph" category of § 170.315 (*e.g.*, § 170.315(a)) identified below would be certified to either Approach 1 (technically demonstrate) or Approach 2 (system documentation). For each applicable P&S certification criterion not certified for Approach 1, the health IT developer may certify for the criterion using system documentation sufficiently detailed to enable integration with external services necessary to meet the criterion.

Criteria	§ 170.315 (d)(1) Authentication, access control, authorization	§ 170.315 (d)(2) Auditable events and tamper-resistance	§ 170.315 (d)(3) Audit report(s)	§ 170.315 (d)(4) Amendments	§ 170.315 (d)(5) Automatic log-off	§ 170.315 (d)(6) Emergency access	§ 170.315 (d)(7) End-user device encryption	§ 170.315 (d)(8) Integrity	§ 170.315 (d)(9) Trusted Connection	§ 170.315 (d)(10) Auditing actions on health information	§ 170.315 (d)(12) Encrypt authentication credentials	§ 170.315 (d)(13) Multi-factor authentication
§ 170.315 (a)(1) through (3), (5), (12), (14), and (15)	C	C	C	C	C	C	C				C	C
§ 170.315(a)(4), (9), (10), and (13)	C	C	C		C	C	C				C	C
§ 170.315(b)(1) through (3) and (6) through (9)	C	C	C		C	C	C	C			C	C
§ 170.315(c)	C	C	C		C						C	C
§ 170.315(e)(1)	C	C	C		C		C		C		C	C
§ 170.315(e)(2) and (3)	C	C	C		C					C	C	C

§ 170.315(f)	C	C	C				C				C	C
§ 170.315(g)(7) through (g)(10)	C	§ 170.315(d)(2) or (d)(10)							C	§ 170.315(d)(2) or (d)(10)	C	C
§ 170.315(h)	C	C	C								C	C

Related and Required Criteria

The table below outlines the general criteria requirements and options such as Safety Enhanced Design and Gap Eligibility. The 2015 Final Rule no longer requires ONC-ACBs to certify Health IT Modules to the 2015 Edition certification criteria (§ 170.315(g)(1) "automated numerator recording" and § 170.315(g)(2) "automated measure calculation"). This will make the ONC Health IT Certification more accessible to the certification of health IT for other purposes beyond the Promoting Interoperability Programs. We also emphasized that this proposed approach would not preclude health IT developers from seeking certification to § 170.315(g)(1) or (2) in support of their customers' and providers' needs related to the Promoting Interoperability Programs.

Criteria	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	CCDS	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (a)(1) Computerized Provider Order Entry (CPOE) – Medications	(a)(1)(ii) – Includes "reason for order"				C	C	C	
§ 170.315 (a)(2) CPOE - Laboratory	(a)(2)(ii) – Includes "reason for order"				C	C	C	
§ 170.315 (a)(3) CPOE - Diagnostic Imaging	(a)(3)(ii) – Includes "reason for order"				C	C	C	
§ 170.315 (a)(4) Drug-drug, Drug-allergy Interaction Checks for CPOE					C	C	C	
§ 170.315 (a)(5) Demographics			(a)(5)(ii) – Preliminary cause of death and date of death		C	C	C	
§ 170.315 (a)(9) Clinical Decision Support					C	C	C	
§ 170.315 (a)(10) Drug-formulary and Preferred Drug List Checks						C	C	

Criteria	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	USCDI	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (a)(12) Family Health History						C	C	
§ 170.315 (a)(13) Patient-specific Education Resources	(a)(13)(ii) – patient-specific resources based on preferred language in accordance with §170.207(g)(2)					C	C	
§ 170.315 (a)(14) Implantable Device List					C	C	C	
§ 170.315 (a)(15) Social, Psychological, and Behavioral Data						C	C	
§ 170.315 (b)(1) Transitions of Care	(b)(1)(iii)(G)(1)(i) - Includes time zone offset with DOB	(b)(1)(iii)(E) - Reason for referral, referring provider's name and contact	(b)(1)(ii)(A) and (b)(1)(iii) - Discharge Summary document templates (b)(1)(iii)(F) – Discharge instructions	C		C	C	C
§ 170.315 (b)(2) Clinical Information Reconciliation and Incorporation			(b)(2)(i) -Discharge Summary document templates		C	C	C	C
§ 170.315 (b)(3) Electronic Prescribing	(b)(3)(i)(C) (b)(3)(ii)(B)(1) through (9) (b)(3)(ii)(C)(2)(i) through (iv) (b)(3)(ii)(D) (b)(3)(iii)				C	C	C	

Criteria	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	USCDI	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (b)(6) Data Export		(b)(6)(E) - Reason for referral, referring provider's name and contact	(b)(6)(F) -- Discharge instructions	C		C	C	C
§ 170.315 (b)(7) Security tags – Summary of care – Send						C	C	
§ 170.315 (b)(8) Security tags – Summary of care – Receive						C	C	
§ 170.315 (b)(9) Care Plan						C	C	C
§ 170.315 (b)(10) Electronic Health Health Information (EHI)						C	C	
§ 170.315 (c)(1) Clinical Quality Measures (CQM) – Record and Export						C	C	
§ 170.315 (c)(2) CQM – Import and Calculate						C	C	
§ 170.315 (c)(3) CQM - Report	(c)(3)(ii) – QRDA reports can be electronically accepted by CMS					C	C	
§ 170.315 (c)(4) CQM – Filter						C	C	
§ 170.315 (d)(1) Authentication, Access Control, Authorization						C	C	

Criteria	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	USCDI	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (d)(2) Auditable Events and Tamper-resistance						C	C	
§ 170.315 (d)(3) Audit Report(s)						C	C	
§ 170.315 (d)(4) Amendments						C	C	
§ 170.315 (d)(5) Automatic Access Time-out						C	C	
§ 170.315 (d)(6) Emergency Access						C	C	
§ 170.315 (d)(7) End-User Device Encryption						**C**	**C**	
§ 170.315 (d)(8) Integrity						C	C	
§ 170.315 (d)(9) Trusted Connection						C	C	
§ 170.315 (d)(10) Auditing Actions on Health Information						C	C	
§ 170.315 (d)(11) Accounting of Disclosures						C	C	
§ 170.315 (d)(12) Encrypt Authentication Credentials						C	C	
§ 170.315 (d)(13) Multi-factor Authentication (MFA)						C	C	

Criteria	Gap Eligibility with criteria mapped from 2014	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	USCDI	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (e)(1) View, Download, and Transmit to 3rd Party			(e)(1)(i)(A)(4) and (e)(1)(i)(B)(2)(i) – Provider's name and office contact	(e)(1)(i)(A)(5) and (e)(1)(i)(B)(2)(ii) - Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization. (e)(1)(i)(B)(3) - Patients (and their authorized representatives) must be able to download transition of care/referral summaries that were created as a result of a transition of care (pursuant to the capability expressed in the certification criterion specified in paragraph (b)(1) of this section). (e)(1)(i)(C)(2) - Transmit transition of care/referral summaries (as a result of a transition of care/referral as referenced by (e)(1)(i)(B)(3)) of this section selected by the patient (or their authorized representative) in both of the ways referenced (e)(1)(i)(C)(1)(i) and (ii) of this section)	C			C	C
§ 170.315 (e)(2) Secure Messaging							C	C	
§ 170.315 (e)(3) Patient Health Information Capture							C	C	
§ 170.315 (f)(1) Transmission to Immunization Registries							C	C	
§ 170.315 (f)(2) Transmission to Public Health Agencies – Syndromic Surveillance							C	C	

Criteria	Gap Eligibility with criteria mapped from 2014	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	CCDS	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (f)(3) Transmission to Public Health Agencies – Reportable Laboratory Tests and Values/Results	§ 170.314(f)(4)						C	C	
§ 170.315 (f)(4) Transmission to Cancer Registries							C	C	
§ 170.315 (f)(5) Transmission to Public Health Agencies – Case Reporting							C	C	
§ 170.315 (f)(6) Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting							C	C	
§ 170.315 (f)(7) Transmission to Public Health Agencies – Health Care Surveys							C	C	
§ 170.315 (g)(1) Automated Numerator Recording							C	C	
§ 170.315 (g)(2) Automated Measure Calculation							C	C	
§ 170.315 (g)(6) Consolidated CDA Creation Performance					C		C	C	
§ 170.315 (g)(7) Application Access - Patient Selection							C	C	

Criteria	Gap Eligibility with criteria mapped from 2014	General Optional Testing	Ambulatory Optional Testing	Inpatient Optional Testing	USCDI	§ 170.315 (g)(3) SED	§ 170.315 (g)(4) QMS	§ 170.315 (g)(5) Accessibility-centered Design	§ 170.315 (g)(6) Consolidated CDA Creation Performance
§ 170.315 (g)(8) Application Access - Data Category Request					C		C	C	
§ 170.315 (g)(9) Application Access - All Data Request					C		C	C	C
§ 170.315 (g)(10) Standardized API for Patient and Population Services					C		C	C	
§ 170.315 (h)(1) Direct Project							C	C	
§ 170.315 (h)(2) Direct Project, Edge Protocol, and XDR/XDM							C	C	

Required Tests for §170.315(g)(1) and §170.315(g)(2)

The following table for § 170.315(g)(1) and § 170.315 (g)(2) provides a description of the Medicare and Medicaid Promoting Interoperability Programs and the Merit-based Incentive Payment System (MIPS) Promoting Interoperability performance category measures supported by the measure calculation (§170.315(g)(1) and §170.315(g)(2)) certification criteria.

Medicare and Medicaid Promoting Interoperability Programs, and MIPS Promoting Interoperability Performance Category Percentage- Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Medicare and Medicaid Promoting Interoperability Programs or MIPS Promoting Interoperability performance category Percentage- Based Measures	Comments, Additional Certification Criteria
Required Test 1 - ePrescribing Medicare and Medicaid Promoting Interoperability Programs MIPS Promoting Interoperability Performance Category	§170.315(b)(3) Electronic Prescribing §170.315(a)(10) Drug- Formulary and Preferred Drug List Checks	--
Required Test 2a, b, or c – Patient Electronic Access Medicare and Medicaid Promoting Interoperability Programs MIPS Promoting Interoperability Performance Category	§170.315(e)(1) View, Download, and Transmit to 3rd Party §170.315(g)(8) Application Access – Data Category Request §170.315(g)(9) Application Access – All Data Request §170.315 (g)(10) Standardized API for patient and population services	
Required Test 3 – Patient Education Medicaid Promoting Interoperability Program	§170.315(a)(13) Patient-Specific Education Resources	--
Required Test 4a, b, or c – View, Download, Transmit Medicaid Promoting Interoperability Program	§170.315(e)(1) View, Download, and Transmit to 3rd Party §170.315(g)(8) Application Access – Data Category Request §170.315(g)(9) Application access – All Data Request §170.315 (g)(10) Standardized API for Patient and Population Services	
Required Test 5 – Secure Messaging Medicaid Promoting Interoperability Program	§170.315(e)(2) Secure Messaging	--
Required Test 6 – Patient Generated Health Data Medicaid Promoting Interoperability Program	§170.315(e)(3) Patient Health Information Capture	--

Medicare and Medicaid Promoting Interoperability Programs, and MIPS Promoting Interoperability Performance Category Percentage- Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Medicare and Medicaid Promoting Interoperability Programs or MIPS Promoting Interoperability performance category Percentage- Based Measures	Comments, Additional Certification Criteria
Required Test 7 – Transitions of Care Medicare and Medicaid Promoting Interoperability Programs MIPS Promoting Interoperability Performance Category	§170.315(b)(1) Transitions of Care	--
Required Test 8 – Receive and Incorporate Medicaid Promoting Interoperability Program	§170.315(b)(2) Clinical Information Reconciliation and Incorporation	§170.315(b)(1) Transitions of Care – receive, display, and incorporate summary care records may support electronic receipt of transitions of care/referral summaries
	OR §170.315(b)(2) Clinical Information Reconciliation and Incorporation	
Required Test 9 – Medication/Clinical Information Reconciliation Medicaid Promoting Interoperability Program	§170.315(b)(2) Clinical Information Reconciliation and Incorporation	§170.315(b)(1) Transitions of Care – receive, display, and incorporate summary care records may support electronic receipt of transitions of care/referral summaries
Required Test 10 – CPOE Medications Medicaid Promoting Interoperability Program	§170.315(a)(1) Computerized Provider Order Entry (CPOE) – Medications	--
Required Test 11 – CPOE Laboratory Medicaid Promoting Interoperability Program	§170.315(a)(2) CPOE – Laboratory	--
Required Test 12 – CPOE Radiology/Diagnostic Imaging Medicaid Promoting Interoperability Program	§170.315(a)(3) CPOE – Diagnostic Imaging	--

Medicare and Medicaid Promoting Interoperability Programs, and MIPS Promoting Interoperability Performance Category Percentage- Based Measures	Certification Criteria that Directly Correlate with Utilization Expected by Medicare and Medicaid Promoting Interoperability Programs or MIPS Promoting Interoperability performance category Percentage-Based Measures	Comments, Additional Certification Criteria
Required Test 14 – Verify Opioid Treatment Agreement Medicare Promoting Interoperability Program MIPS Promoting Interoperability Performance Category	§170.315(a)(10) Drug-formulary and Preferred Drug List Checks §170.315(b)(3) Electronic Prescribing	--
Required Test 15 – Support Electronic Referral Loops by Receiving and Incorporating Health Information Medicare Promoting Interoperability Program MIPS Promoting Interoperability Performance Category	§170.315(b)(1) Transitions of Care §170.315(b)(2) Clinical Information Reconciliation and Incorporation	--

Document History

Version Number	Description of Change	Date
1.0	Initial Version	June 15, 2020
1.1	Made corrections to the Privacy and Security Table	August 3, 2020