

Electronic Health Network Certification/Recertification Application

I. Overview

COMAR 10.25.07 the Maryland Health Care Commission (MHCC or Commission) electronic health network (EHN) certification program, working closely with a nationally qualified accreditation or certification organization, such as the Electronic Healthcare Network Accreditation Commission (EHNAC), assures that EHNs operating in Maryland meet industry best practice standards related to privacy and confidentiality, technical performance, business practices, physical and human resources, and security. The MHCC defines an EHN as an entity involved in the exchange of electronic health care transactions between two or more parties. EHNs initiate the MHCC certification process by submitting the *MHCC EHN Certification Application*.

II. Application Instructions & Checklist

EHNs applying for MHCC Certification/Recertification must submit the following items to the MHCC:

The MHCC EHN Certification/Recertification Application. The EHN must complete this application and submit its responses to the MHCC for review. Once completed, the application may be emailed to the MHCC at EHN.Certification@maryland.gov.

Logo and Website. First time applicants should include a copy of the current logo in JPEG format. For recertification applicants, if your logo has changed since the last certification cycle, please provide us with your new logo in JPEG format. Certified EHNs will be listed on the MHCC website here: http://mhcc.maryland.gov/mhcc/Pages/hit/hit_ehn/hit_ehn_certified.aspx.

*Nationally Qualified Accreditation or Certification.*¹ The EHN must provide documentation that it has been accredited by a nationally qualified accreditation or certification organization, such as EHNAC. Documentation includes: 1) responses to the EHNAC self-assessment manual, and 2) the EHNAC site visit scoring sheet. The self-assessment responses and the EHNAC site visit scoring sheet may be submitted by using one of the following methods:

1. Email the documents to EHN.Certification@maryland.gov. Multiple emails up to 15MB may be sent as needed.
2. The applicant may choose to submit documents online through a Secure File Transfer Protocol (SFTP) Directory. Please contact the MHCC by email at EHN.Certification@maryland.gov to receive a password in order to upload the self-assessment responses and EHNAC site visit scoring sheet.
3. The EHN may choose to send a CD to the MHCC. The CD will be uploaded to the MHCC's network and destroyed. If interested in mailing a CD, please contact the MHCC at EHN.Certification@maryland.gov for mailing instructions.

During the reaccreditation cycle, MHCC reviews the most recent evaluation by EHNAC and considers the EHNs progress in achieving and maintaining their overall site evaluation score. The MHCC may seek additional information from EHNs to complete the evaluation process.

Fees. The EHN must submit appropriate application fees for the application submission to be complete.

¹ If the EHN chooses to use a qualified accreditation or certification organization other than EHNAC, the EHN must submit documents that show the network complies with established standards of quality for electronic health networks and has received either accreditation or certification that meets these standards.

1. *Initial Candidacy and Certification:* The application fee is \$400 for an EHN with one operational site plus \$200 for each additional operational site, if applicable.
2. *Recertification:* The application fee is \$250 for an EHN with one operational site plus \$125 for each additional operation site, if applicable.

All checks should be submitted to:
Bridget Zombro, Director of Administration
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD, 21215

III. EHN Information

1) Contact Information

Corporation / Company (legal & business name)

Address

City State Zip

Telephone # Fax #

Officer of the Organization Title

Contact Person Title

Address

City State Zip

Email Address Telephone #

Company Website Address

Company Logo Attached in JPEG format Yes No

- 2) Does your EHN have operations in locations other than indicated above? Yes No
If yes, please list all EHN operation locations

- 1.
- 2.
- 3.

- 3) Please list the Maryland payors that do business with you (add attachments as needed).

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I understand that State certification is based on the EHN's ability to meet the requirements in the established criteria throughout the two-year State certification period, and that failure to meet the requirements shall result in revocation of State certification. I agree to make all information regarding the self-assessment and the site visit from a nationally-recognized accreditation organization available to MHCC.

I recognize that all costs associated with the activities undertaken for State certification are at the expense of the applicant. I understand that MHCC is not responsible for any costs incurred in an applicant's pursuit of State certification.

Note: *The person authorizing this application must be an officer of the corporation.*

Signature:

Entering an electronic signature or typing a name in the signature box above is the equivalent of a physical signature.

Date:

Printed Name:

Title: